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Educational Packages on Breastfeeding Increase Behavior and Self-Efficacy of Mothers

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Abstract: As a specific breastfeeding practice, the proportion of exclusive breastfeeding in Indonesia remains below the intended indicator. Education about breastfeeding techniques aims to increase success in providing exclusive breastfeeding by increasing mothers' knowledge and skills in breastfeeding their babies. The goal of this study is to find out how the Jambi City Health Center's breastfeeding education program affects moms' confidence and nursing behavior. Mothers who had just given birth or were nursing their babies participated in this study. Using a control group and a quasi-experimental design with pre- and post-test measures, the study used a quantitative methodology. Using accidental sampling, 25 respondents from the treatment and control groups made up the sample. The variables measured are maternal behavior and self-efficacy. The measuring instruments used were the breastfeeding action instrument and the BSES-FS. The treatment group's behavioral results produced a p-value of 0.001 (<0.05) according to statistical analysis using the Wilcoxon test, while the control group's p-value was 0.629 (>0.05). In a similar vein, the treatment group's p-value for self-efficacy outcomes was 0.001 (<0.05), but the control group's was 0.122 (>0.05). These findings imply that nursing moms' behavior and self-efficacy are significantly impacted by teaching packages on breastfeeding procedures delivered by video and booklet medium. In particular, compared to the control group that did not get the intervention, the treatment group, who did receive the intervention, exhibited improved behavior and greater levels of self-efficacy.

Keywords: Breastfeeding techniques, Behavior, Education package, Mother, Self-efficacy, Videos.

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INTRODUCTION

Breast milk is an infant's main source of nutrition and provides all the nutrients needed to meet their needs for energy and sustenance. The term "exclusive breastfeeding" describes giving a newborn just breast milk for the first six months of their life—no other food or liquids—which is vital for their growth and development (Dukuzumuremyi.,et al 2020). In addition to offering moms and newborns tremendous health benefits, exclusive breastfeeding shields them from a range of acute and long-term ailments (Gayatri, 2021). The goal indicator for exclusive breastfeeding practices is established at 80% under Presidential Regulation No. 72 of 2021 on Accelerating Stunting Reduction. Nevertheless, the goal has not been reached, as seen by statistics from the 2022 Maternal and Child Health Profile, which indicates that only 72.04% of babies aged 0 to 5 months get exclusive breastfeeding. Similar to this, the Jambi Provincial Health Service report for 2022 shows that the percentage of people who exclusively breastfeed is just 27.14%, below the year's goal of 50% (Jambi DKP, 2022). Jambi City Health Service report in 2021-2022, exclusive breastfeeding coverage has decreased from 71.25% to 70.55% (Jambi City

Health Office, 2022). To meet the target indicator for exclusive breastfeeding practice of 80%, priority policies are needed to support mothers in exclusive breastfeeding with education programs, promoting and providing support to mothers to breastfeed exclusively (Gayatri, 2021).

Breastfeeding mother's behavior is all the actions taken by the mother to provide breast milk to her baby. To improve maternal behavior in breastfeeding, knowledge and attitudes must be possessed by every mother (Ningsih et al., 2023). A person's confidence in their capacity to carry out particular actions and activities is referred to as self-efficacy. Breastfeeding self-efficacy refers to a mother's confidence in her capacity to successfully nurse her child exclusively (Safitri & Citra, 2019). Education is the provision of information aimed at changing individual behavior. Education about breastfeeding techniques helps mothers overcome breastfeeding obstacles in providing breast milk. Breastfeeding technique education is a comprehensive approach to promote and reduce the failure of exclusive breastfeeding(Hilamuhu et al., 2023). Efforts are needed to change the behavior and self-efficacy of breastfeeding mothers by increasing mothers' knowledge and confidence in breastfeeding their babies with health education about breastfeeding techniques. The form of education is in the form of an educational package by combining several media, which is a program that is put into one package and is ready to be used as promotional media to create dynamic behavior for health. This project entails providing moms with instructional packages on breastfeeding practices that highlight critical facts to help them comprehend the benefits of breast milk, different nursing postures, and efficient approaches, correct frequency, maternal nutrition, hygiene or care for breastfeeding mothers, as well as challenges and how to overcome them through video and booklet media(Lestaluhu, 2022).

Statistics from the Jambi City Health Office show that only a small percentage of postpartum moms succeed in meeting the target of 80% exclusive breastfeeding practices, despite efforts to increase the rates of exclusive breastfeeding. Many mothers do not understand the correct breastfeeding techniques and positions. This results in some mothers experiencing difficulties in providing exclusive breastfeeding, such as problems with baby sucking and experiencing sore nipples. The need for more effective treatments is highlighted by the fact that Jambi City's exclusive breastfeeding rates are still well below both national and international goals. As well as many mothers who do not have sufficient knowledge about correct breastfeeding techniques and positions, which has the potential to hinder the success of exclusive breastfeeding practices and and the confidence level of mothers in breastfeeding (self-efficacy) needs improvement to enhance the success of exclusive breastfeeding practices. The purpose of this study is to evaluate the effects of a breastfeeding instruction package on the behavior and self-efficacy of nursing mothers at the Jambi City Health Center.

METHOD

A control group is included in this quasi-experimental design investigation. It makes use of a pretest-posttest with control group design, in which the treatment group receives the intervention while the control group, for comparison's sake, gets nothing. Postpartum women who are nursing make up the population. In order to reduce bias and collect a variety of data, the study was carried out in two community health centers in Jambi City: Rawasari Community Health Center served as the control group and Kenali Besar Community Health Center served as the treatment group. This location was chosen based on the highest population of postpartum mothers who were breastfeeding from September to October 2023, with a total of 192 mothers at the Kenali Besar Community Health Center. Nonprobability sampling with the accidental sampling method was used to choose the study's sample. Utilizing the Slovin method, the sample size was determined, and 50 participants were split evenly between a treatment group of 25 and a control group of 25. Mothers who were nursing infants between the ages of 0 and 6 months met the inclusion criteria for the research. Exclusion criteria include mothers with significant medical conditions that could hinder breastfeeding such as serious physical or mental health problems, as well as mothers who have premature babies. The study was approved by

permission letter number 23/UN21.8/PT.01.04/2024 after an ethical assessment at Jambi University's Faculty of Medicine and Health Sciences revealed that it was acceptable.

The intervention took the form of an educational package, namely through a video conducted directly by the researcher to provide a visual demonstration of correct breastfeeding techniques and a booklet prepared by the researcher as additional information in describing effective techniques for breastfeeding. This combination is used as an educational package in research to help improve mothers' understanding and skills in breastfeeding. This research was conducted for approximately 3 weeks, namely in January-February 2024. After two weeks of the pre-test, post-test evaluations were given to the intervention and control groups. Measuring behavior and self-efficacy in the control group—which was not given the instructional package—was the first step in the data gathering procedure. After that, a pre-test was given prior to the intervention's implementation, and a post-test was given to the treatment group following the intervention. The treatment group will receive an intervention consisting of educational materials on breastfeeding techniques, including booklets and videos covering topics like the importance and advantages of breast milk, breastfeeding techniques, signs that the baby is consuming enough breast milk, mother-baby bonding, critical nutrition for nursing mothers, and strategies to overcome breastfeeding obstacles.

The study looks at the behaviors and self-efficacy of moms who are nursing. The assessment of breastfeeding behaviors was conducted through the use of observation sheets and interviews. The 19 aspects covered in the assessment were taken from Nursalam's book (2020) and included topics like breast hygiene, breastfeeding preparation, baby positioning, proper attachment, breastfeeding techniques, and fluid intake. The self-efficacy of nursing moms was assessed using the Breastfeeding Self-efficacy Scale Short Form (BSES-SF), which was created by Dennis and Faux in 1999. This instrument consists of 14 statement items intended to evaluate the mother's self-assurance in her ability to nurse her infant and her interpersonal trust. Researchers at the Putri Ayu Community Health Center in Jambi City tested the validity and reliability of each tool. In terms of behavior, 17 of the first 19 statements that were evaluated were verified, and the computed r value of these statements was higher than the crucial r value. Nevertheless, two of the statements—numbers 16 and 18—were determined to be false, and as a result, they were taken out of the final version of the instrument. Furthermore, the Cronbach's alpha coefficient of 0.746 for the behavioral instrument's dependability indicated a good degree of reliability for this investigation. Meanwhile for the BSES-SF, the results of the validity test show that all statements in this instrument are valid with the calculated r value meeting the criteria. The reliability test using the Cronbach's alpha method also produced a value of 0.762, indicating that this instrument is reliable and has a good level of consistency in measuring the self-efficacy of breastfeeding mothers. The BSES-SF instrument has been translated into other languages, including Indonesian, and its validity and reliability evaluated in numerous worldwide research.

The data obtained from this research is represented on an ordinal scale to measure breastfeeding mothers' behavior and self-efficacy. Before doing the Wilcoxon test, the Kolmogorov-Smirnov test was used to determine whether the data was normally distributed and to confirm that it was not. The Wilcoxon test was selected for examination because the Kolmogorov-Smirnov test ($p < 0.05$) revealed that the data did not follow a normal distribution. The use of an ordinal scale was chosen because it allows researchers to classify responses based on the behavioral categories being measured, such as good, fair, or poor.

RESULT

The following table displays the frequency distribution of respondent variables, including age, education, employment, and parity, based on the research findings. Table 1 shows that most responders in the treatment group (84%, 21 individuals) and control group (88%, 22 individuals) were in the 20–35 age range. Based on education level, most of the respondents from the treatment group had tertiary education, namely 12 people (48%) and in the control group had high school/vocational education, namely 14 people (56The majority of the individuals in the treatment group (72%, 18 people) and the

control group (68%, 17 people) were housewives in terms of occupation. Based on parity characteristics, most of the treatment and control groups were multigravidas and there were 15 people in each group (60%).

Table 1 Respondents' Frequencies Distributed (n=50)

Characteristics	Treatment Group		Control Group	
	Frequency	Percentege%	Frequency	Percentege%
Age	**25**	**100**	**25**	**100**
<20 years	1	4.0	-	-
20-35 years	21	84.0	22	88.0
>35 years	3	12.0	3	12.0
Education	**25**	**100**	**25**	**100**
Elementary School	2	8.0	2	8.0
Junior High School	-	-	-	-
Senior High School/Vocational	11	44.0	14	56.0
College	12	48.00	9	36.0
Work	**25**	**100**	**25**	**100**
Civil servants	1	4.0	2	8.0
Employees/Private Employees	5	20.0	3	12.0
Nurse	1	4.0	-	-
Honorary	-	-	1	4.0
Self-employed	-	-	1	4.0
State-Owned Enterprises	-	-	1	4.0
Housewife	18	72.0	17	68.0
Parity	**25**	**100**	**25**	**100**
Primigravida	10	40.0	10	40.0
Multigravida	15	60.0	15	60.0

Table 2 Univariate Analysis Result of Behavior

	N	Range	Minimum	Maximum	Mean	Std. Deviation
Pre-test Treatment	25	9	7	16	11.92	2.41
Post-test Treatment	25	5	12	17	15.12	1.30
Pre-test Control	25	10	7	17	12.08	2.84
Post-test Control	25	9	7	16	12.04	2.77

According table 2,the average behavior before treatment was 11.92 and after treatment was 15.12. There was an increase compared to the control group which actually decreased.

Table 3 Univariate Analysis Result Self-Efficacy.

	N	Range	Minimum	Maximum	Mean	Std. Deviation
Pre-test Treatment	25	34	26	60	42.60	9.35
Post-test Treatment	25	24	46	70	55.60	6.15
Pre-test Control	25	39	31	70	47.32	9.86
Post-test Control	25	42	24	66	46.40	10.46

Based on table 3, the average self-efficacy before treatment was 42.60 and after treatment was 55.60. There was an upward trend compared to the control group, which experienced a decrease instead.

Table 4 Distribution of Behavior Assessment Results for the Treatment and Control Groups Before and After the Tests

Behavior Level	Treatment Group				Control Group			
	Pre-Test		Post-Test		Pre-Test		Post-Test	
	F	%	F	%	F	%	F	%
Good	11	44	24	96	11	44	11	44
Fair	10	40	1	4	12	48	12	48
Poor	4	16			2	8	2	8

Description:
F= Frequency
%= Percentege%

Table 4 shows that 11 people (44%) in the treatment group showed positive behavior prior to receiving the intervention. Following the intervention, this number rose to 24 people (95%), with just 1 person (4%) exhibiting less positive behavior. In contrast, the control group did not exhibit any improvement between the pre- and post-test, maintaining same behavior levels. From these results it can be concluded that after being given an education package on breastfeeding techniques through videos and booklets in the treatment group, there was an increase in the behavior of breastfeeding mothers.

Table 5 Behavior changes in the treatment and control groups between the pre- and post-test

Variable	*n*	*Mean*	elementary school	*Min-Max*	CI		*P-Value*
					Lower	*Upper*	
Treatment Group							
Pre-Test	25	11.92	2,414	7-16	10.92	12.92	,001
Post-Test	25	15,12	1,301	12-17	14.58	15.66	
Control Group							
Pre-Test	25	12.08	2,842	7-17	10.91	13.25	,629
Post-Test	25	12.04	2,776	7-16	10.89	13,19	

In the treatment group, the average behavior scores before and after the breastfeeding education intervention via video and booklet showed significant changes, as shown in Table 5 of the statistical analysis conducted using the Wilcoxon test. It was 11.92 in the pre-test and 15.12 in the post-test. While the control group's pre-test score was 12.08 and post-test score was 12.04, respectively, they demonstrated very little improvement. The treatment group had a significant difference in behavior levels, as indicated by the Wilcoxon test, which produced a p-value of 0.001 (<0.05). As an illustration of no discernible behavioral change, the control group's p-value was 0.629 (>0.05). The null hypothesis (H0) has been rejected, indicating that the treatment and control groups' behavior differs noticeably from one another.

Table 6 indicates that prior to receiving the intervention, in the treatment group, 14 respondents (56%) had low levels of self-efficacy and 11 people (44%) had high self-efficacy and after being given the intervention, the respondents' self-efficacy increased by 25 people. (100%). In the meanwhile, there was no rise in self-efficacy in the control group as their pre- and post-test results were identical, from these results it can be concluded that after being given an education package on breastfeeding techniques via videos and booklets in the treatment group, there was an increase in the self-efficacy of breastfeeding mothers.

Table 6 Results of pre-test and post-test evaluations of self-efficacy levels in both the treatment and control groups

Level of Self-Efficacy	Treatment Group				Control Group			
	Pre-Test		*Post-Test*		*Pre-Test*		*Post-Test*	
	F	%	F	%	F	%	F	%
Low self-efficacy	14	56			7	28	7	28
High self-efficcay	11	44	25	100	18	72	18	72

Description:
F= Frequency
%= Percentege%

Table 7 Differences in Pre-Test and Post-Test Self-Efficacy Levels in the Treatment Group and Control Group

Variable	*n*	*Mean*	SD	*Min-Max*	CI		*P-Value*
					Lower	*Upper*	
Treatment Group							
Pre-Test	25	42.60	9.35	26-60	38.74	46.46	,001
Post-Test	25	55.60	6.15	46-70	53.06	58.14	
Control Group							
Pre-Test	25	47.32	9.86	31-70	43.25	42.08	,122
Post-Test	25	46.40	10.46	24-66	51.39	50.72	

Based on Table 5, the Wilcoxon test statistical analysis showed a significant difference in the treatment group's average self-efficacy scores before and after a breastfeeding instruction package consisting of a booklet and video was given. There was a 42.60 pre-test score and a 55.60 post-test score. By comparison, the control group's pre-test score was 47.32 and post-test score was 46.40, indicating no improvement. The treatment group's p-value for the Wilcoxon test was 0.001 (<0.05), which suggests a substantial rise in self-efficacy. On the other hand, the control group's p-value of 0.122 (>0.05) indicated that self-efficacy had not changed significantly. The null hypothesis (H0) has been rejected, indicating that the treatment and control groups' levels of self-efficacy differ noticeably.

DISCUSSION

The Wilcoxon test results showed that the treatment group's p-value was 0.001 (<0.05) while the control group's was 0.629 (>0.05). This suggests a substantial difference in behavior levels between the treatment and control groups, indicating the rejection of the null hypothesis (H0). As a result, the treatment group's nursing moms' behavior is influenced by the breastfeeding method instruction package. These findings are supported by(Amalia & Susanti, 2020) ealth education on breastfeeding techniques significantly influences the behavior of breastfeeding mothers, as indicated by a p-value of 0.000 (<0.05). After receiving education through simulation methods and posters, respondents' knowledge notably impacted mothers' breastfeeding behavior. In line with research(Hayati & Gulton, 2022), Health education regarding breastfeeding significantly influences the breastfeeding behavior of postpartum mothers, with a p-value of 0.000. Based on previous studies by(Astuti & Anggarawati, 2020)the results of the statistical tests revealed a p-value of 0.001 at a significance level of 5% (0.001 < 0.05), suggesting that postpartum women' abilities are impacted by health education on appropriate breastfeeding procedures. The health education that is given has the potential to increase mothers' understanding of and competence with proper and efficient breastfeeding practices. Supported by

research (Gustiawan & Mutmainnah, 2021)that there is a relationship between knowledge and health behavior. This research was influenced by an educational package on breastfeeding techniques, where education on breastfeeding techniques is one solution in dealing with problems experienced by postpartum so that breastfeeding effectiveness can be achieved. Someone who has good knowledge will have good attitudes and behavior regarding breastfeeding their baby(Hilamuhu et al., 2023).

Comparably, the Wilcoxon test revealed a p-value of 0.122 (>0.05) for the control group and 0.001 (<0.05) for the treatment group in relation to self-efficacy. The null hypothesis (H0) has been rejected, indicating a significant difference in the self-efficacy levels between the treatment and control groups. This suggests that the breastfeeding technique education package had an impact on the self-efficacy of nursing moms in the treatment group. The results of this study are supported by(Nurmiaty et al., 2023) The education on breastfeeding self-efficacy is significantly associated with enhancing self-efficacy in breastfeeding mothers, indicated by a p-value of 0.000. Consistent with previous research(Widiantrai et al., 2023) this education resulted in an increase of up to 80% in high self-efficacy levels. Based on research(Riyanti et al., 2019) the results of the study showed that after the breastfeeding education intervention, there was a rise in breastfeeding self-efficacy ratings. With a p-value of 0.000, this substantial improvement shows how the instruction helped nursing moms feel more confident in themselves. Healthcare professionals may teach mothers the proper methods and postures for nursing, as well as how to bond their infant to the breast. These skills are all necessary for successful breastfeeding. We may infer that there was a significant improvement in breastfeeding self-efficacy in the treatment group that got the package of information about nursing techniques. On the other hand, the breastfeeding self-efficacy of the control group, which did not get the teaching package, did not increase.

Health education is essential for promoting health because it gives nursing moms more skills and information. Gizaw et al., (2022) assert that encouraging breastfeeding behaviors requires education. (Widayanti & Mawardika, 2023) research demonstrates that breastfeeding self-efficacy among women is greatly increased when exclusive breastfeeding is encouraged through the use of animated movies, with a p-value of 0.000 suggesting statistical significance at α (0.05). Increasing nursing moms' self-efficacy and motivation to nurse their babies exclusively is facilitated by education. Interventions to increase breastfeeding self-efficacy through health education or breastfeeding education can be presented in interactive form, workshops, face-to-face and telephone counseling, as well as health education about exclusive breastfeeding using video media. Using media in health education greatly increases the amount of knowledge acquired in order to obtain better results. Good instructional material encourages proper application and helps moms learn, which increases their confidence in their ability to exclusively breastfeed(Tseng et al., 2020).This idea is consistent with Yuliani's studies on how video training materials affect nursing students' self-efficacy. A significant impact of online breastfeeding preparation classes with video educational media on breastfeeding self-efficacy is indicated by a p-value of 0.002 ($p < 0.05$), as shown by Yuliani's study, "Video Educational Media to Increase Breastfeeding Self-Efficacy," which used paired t-tests in online classes (Yuliani et al., 2022).

Based on research results by Saragih & Andayani, (2022) video and booklet media can increase students' knowledge so that it influences sedentary behavior. Basically, both media can convey material clearly and interestingly, with their respective advantages. Video media and booklets act as health promotion media which both have an influence on increasing a person's knowledge. Previous research by Metin & Baltacı (2024) after receiving health education through video tutorials centered on exclusive breastfeeding management, it was observed that the mean score of nursing moms' abilities increased. When it comes to improving nursing moms' knowledge and self-efficacy, using audio-visual media and modules combined with health education is more beneficial than using modules alone. The impact of breastfeeding instruction through videos on moms' behavior while nursing their babies is demonstrated by this study. Booklet media is a simple form of educational tool that is most widely used by health workers to convey information during health education after leaflet media. Meanwhile, video media has a greater impact because it involves hearing and sight by conveying an interesting message, making it easier for someone to remember the information that has been conveyed(Amaliya Muslim et

al., 2023). In line with research by Nuraeni et al. (2024) after receiving health education using audio-visual techniques, pregnant women's knowledge significantly increased (p-value = 0.000, demonstrating statistical significance at $\alpha = 0.05$).

Booklet media is a simple form of educational tool that is most widely used by health workers to convey information during health education after leaflet media.Several studies also examine that*booklet*and video contributed to the increase*self-fficacy*And breastfeeding knowledge. And the results of this research reveal that health education without using media cannot improve*breastfeeding self-efficacy* (Sari & Fajri, 2022). In line with the result of Mutmainnah et al., (2023) which show the value of utilizing audiovisual techniques in the classroom, the average knowledge score was 56.224. The study by Solikah & Waluyo., (2020) found that educating parents through booklets has benefits in terms of raising their level of knowledge and self-efficacy when their children are receiving chemotherapy for ALL. Similarly, utilizing pamphlets and video media to teach nursing women about proper procedures might increase their confidence in their ability to nurse their children. More positive attitudes and actions related to nursing are usually the result of improved knowledge, which raises breastfeeding self-efficacy. This increased sense of self-efficacy plays a major role in a mother's capacity to effectively nurse her infant.

CONCLUSION

This study shows that providing a breastfeeding instruction package greatly improves the behavior and self-efficacy of nursing moms. When compared to the control group, the treatment group, who got the intervention, showed noticeably better nursing habit and levels of self-efficacy. These results support the use of video media and booklets as effective methods in improving breastfeeding practices and the self-confidence of breastfeeding mothers. The implications of this research can be used as a basis for developing further educational programs at the community health center level, nursing education, and in increasing the role of the nursing profession in maternal and infant health services.

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