

Effect of Health Education Using the Questions and Answers Module on Knowledge about Breastfeeding

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ABSTRACT

Background: Lack of knowledge about breastfeeding is often a major barrier for mothers to provide exclusive breastfeeding for the first six months of a baby's life. This is recommended as the optimal standard to support infant growth and health. This study aimed to evaluate the effectiveness of health education using the Questions and Answers module in improving knowledge about breastfeeding. Specifically, it sought to assess the extent to which this educational approach enhances participants' understanding of breastfeeding benefits, techniques, and common challenges. The study aimed to determine whether the interactive nature of the module leads to better knowledge retention compared to traditional educational methods.

Subjects and Method: This was a quasi-experimental design involving 30 third trimester pregnant women who were divided into an intervention group and a control group. The intervention group received education based on question-and-answer modules, while the control group relied on standard Maternal and Child Health (MCH) books. The dependent variable included knowledge about breastfeeding. The independent variable was health education using the Questions and Answers module, as it represented the intervention aimed at improving participants' breastfeeding knowledge. The data were then collected by questionnaire. The mean difference of knowledge before and after question-and-answer modules was tested by independent t-test.

Results: Knowledge scores about breastfeeding were higher in the intervention group (Mean= 19.60; SD= 2.13) than in the control group (Mean= 16.27; SD= 2.15), but this result was not statistically significant ($p= 0.253$).

Conclusion: There was an increase in knowledge scores about breastfeeding after the Questions & Answers module was given, but the results were not statistically significant. There is a need to develop more interactive education programs to support mothers in providing exclusive breastfeeding, especially in areas with low levels of knowledge.

Keywords: health education, module, breastfeeding, breast milk.

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BACKGROUND

The growth and development of infants is largely supported by the amount of breast milk (ASI) they receive. Providing breast milk immediately after birth means increasing the baby's chances of survival, where it is the best food in early life that contains white blood cells, proteins, and immune substances that are suitable for babies. In addition, breast milk also helps protect babies from disease and can reduce infant mortality rates (IMR), which is one of the indicators for assessing the level of public health. (Nurrahmah et al., 2017).

Breast milk (ASI) is a natural nutritional fluid produced by the mother's mammary glands after giving birth, functioning as the main source of essential nutrition for babies. Breast milk contains various important substances such as protein, fat, vitamins, minerals, and antibodies supporting the baby's physical development and immunity. Dividing into three types, colostrum, transitional breast milk, and mature breast milk. (Manik, 2019). Exclusive breastfeeding is highly recommended because it provides extraordinary benefits for the health and development of babies, including preventing infectious diseases, strengthening the emotional bond between mother and baby, and supporting brain and nervous system growth.

Exclusive breastfeeding (EBF) is considered to be effective in reducing infant and child morbidity and mortality. It provides many benefits to both the mother and her baby. In addition, EBF reduces the risk of ovarian cancer and prevents unwanted pregnancies. Furthermore, EBF has long-term benefits in terms of BMI, as it prevents excess fat accumulation and consequently obesity. Regarding these benefits, initiatives to strengthen EBF practices are essential to improve good maternal health outcomes. (Quebu et al.,

2023)

Children without exclusive breastfeeding will experience stunting (short stature) later on. Children who are exclusively breastfed are 14 times more likely to survive the first six months of life than those who are not breastfed. Starting breastfeeding on the first day after birth can reduce the risk of newborn mortality by 45%.

There are 36.5% of mothers who fail to breastfeed and 20% of them are mothers living in developing countries, on the other side based on data from Widyaningtyas's research, it is explained that 67.5% of mothers who fail to provide breast milk to their babies are due to the mother's lack of understanding related to the correct breastfeeding technique, causing they often suffer from sore and cracked nipples. (Widyaningtyas, 2020)

Nationally, the coverage of exclusive breastfeeding in Indonesia is still far from the target set at 80%. Data from the Ministry, however, have actually decreased to 60.7% in 2023. This decline reflects significant challenges in increasing awareness and practice of exclusive breastfeeding among mothers in Indonesia. The figures that have not met the target highlight the need for a more strategic and sustainable approach to support mothers in providing exclusive breastfeeding to their babies. Several factors such as lack of education, false myths, and time constraints due to busy working mothers are the main obstacles that need to be addressed to achieve the national target.

The coverage of exclusive breastfeeding in Bengkulu Province has shown a downward trend over the past three years, showing 68.39% in 2020, 66.3% in 2021, and 64.41% in 2022. Of the 10 (ten) regencies/cities in Bengkulu, nine regions experienced fluctuations, with one city recording a significant decline from 60.5%

in 2020 to 43.66% in 2022. This decline highlights the need for special strategies and intensive efforts to increase the coverage of exclusive breastfeeding, including public education, improving lactation facilities, and ongoing policy support.

The achievement of exclusive breastfeeding coverage that is far from the target is a sign that exclusive breastfeeding by mothers to their babies is still very low and needs to be improved. Mothers' knowledge about breastfeeding greatly influences the level of exclusive breastfeeding coverage expected by the government. In addition to knowledge, attitudes also have a relationship with exclusive breastfeeding in babies. Culture inherited from ancestors can influence mothers to breastfeed their babies, cultural beliefs and practices also influence what is considered normal feeding practices, mothers view formula milk as a normal way to feed babies (Marniati et al., 2023)

The failure of exclusive breastfeeding can be influenced by various factors, the main factors causing the low coverage of Early Breastfeeding Initiation (IMD) and exclusive breastfeeding are weak government commitment, family support, mother's education and employment, inactive breastfeeding counseling, premature babies and cultural factors. Other factors that influence maternal behavior in providing exclusive breastfeeding are the lack of encouragement from family such as husbands or parents which can reduce the mother's enthusiasm for breastfeeding and reduce the mother's motivation to provide breast milk to her baby (Kaparang and Admasari, 2024)

Mothers who smoke are also one of the risk factors for not providing exclusive breastfeeding to their babies. Smoking has been shown to reduce breast milk production, and the impact of nicotine lowers serum prolactin levels (Qurniyawati and Syahrul, 2022), Lack of maternal knowledge

about exclusive breastfeeding has a major impact on the practice of giving it. This ignorance can cause mothers to easily replace breast milk with additional foods or formula milk before the time it should be. Effective and fact-based education is very important to increase mothers' understanding of the importance of exclusive breastfeeding during the first six months of a baby's life. Information campaigns through mass media, assistance by health workers, and community-based education programs can be solutions to overcome this obstacle. In addition, according to Pakilaran (2022) family support particularly from the partner, plays a crucial role in eliminating anxieties and fostering the confidence and motivation required for successful exclusive breastfeeding (Windarti and Amalia, 2016), With collaborative efforts from various parties, it is expected that mothers' awareness of the importance of exclusive breastfeeding can increase, so that the exclusive breastfeeding coverage rate in Indonesia can reach the expected target (Anjarsari and Zubaidah, 2017).

Mothers stop breastfeeding their babies because they feel that their breast milk production is lacking, so they think that their breast milk cannot meet the baby's needs. Actually, this is not because the mother does not produce enough breast milk but because of the mother's lack of knowledge. If the mother continues to breastfeed her baby, it is likely that the mother's breast milk will increase even more (Kambera et al., 2021)

Effective exclusive breastfeeding practices among mothers is good upon comprehensive knowledge regarding the benefits and composition of breast milk, which greatly supports the success of exclusive breastfeeding outcomes. Self-motivation and family support can encourage the success of exclusive breastfeeding, and IMD

behavior in mothers can also support the success of exclusive breastfeeding (Pratiwi et al., 2019).

Education through health education is one effective strategy to increase mothers' knowledge about the importance of exclusive breastfeeding. This increase in understanding can be started during pregnancy, especially in the third trimester, which is the ideal time to prepare mothers for the breastfeeding process. At this stage, health education aims to provide in-depth information about the benefits of breastfeeding, its techniques, and how to overcome common challenges, such as slow milk production or incorrect breastfeeding positions. Through this education session, pregnant women not only gain knowledge but also build mental and physical readiness to breastfeed. The knowledge provided systematically helps mothers understand that breastfeeding is not only important for the growth and development of the baby, but also beneficial for the mother's health and the overall well-being of the family (Nisa et al., 2024).

SUBJECTS AND METHOD

1. Design Study

This study was a quasi-experimental design with a control group pretest and posttest design, which aims to measure the effectiveness of Questions & Answers module-based education on pregnant women's understanding of breastfeeding.

2. Population and Sample

The study was conducted in Bengkulu City during the period of May to August 2024, with a study population consisting of 343 pregnant women in the third trimester who were then followed until the first month of breastfeeding. From this population, a research sample of 30 (thirty) participants selected were divided evenly into two groups, each half for the intervention group and the control group. The inclusion criteria

were first-time pregnancies, while exclusion criteria included unwanted pregnancies or couples who did not have Android devices. Interventions in the intervention group were carried out by providing education through Questions & Answers modules starting from the third trimester of pregnancy to the first month of breastfeeding. Mentoring was done intensively using WhatsApp groups to provide direction, discussion, and reinforcement of information. In contrast, the control group was only advised to read Maternal and Child Health (KIA) books related to breastfeeding without additional assistance.

2. Study Variables

The independent variable in this study was the Questions & Answers module education, while the dependent variable included the level of mother's understanding of breastfeeding. The data collection instruments used have passed validity and reliability tests, ensuring that the research results have a high level of trust

3. Operational Definition of Variables

Exclusive breast milk (ASI), according to Government Regulation Number 33 of 2012, is breast milk given to babies from birth to six months of age without adding or replacing it with other foods or drinks, except for medicines, vitamins and minerals. After the baby reaches 6 months of age, it is recommended to provide complementary foods (MPASI), because, breast milk is no longer able to meet all the baby's nutritional needs at this stage

A module is a learning tool in written or printed format that is systematically arranged. It contains learning materials, methods, and objectives that are in accordance with basic competencies or competency achievement indicators. The module is also equipped with instructions for independent learning activities and provides oppor-

tunities for students to test their understanding through the available practice questions.

4. Study instruments

Data collection was carried out twice, through a pretest during the third trimester of pregnancy to measure the mother's initial knowledge and a posttest in the first month after birth labor.

5. Data Analysis

Independent t test was employed to compare knowledge level before and after the intervention in each group.

6. Research Ethics

This study also pays attention to ethics in research both in the selection of informants and in interviews. This study has been approved by the Health Research Eethics Committee of STIKes SAPTA BAKTI.

RESULTS

1. Sample Characteristics

Data collection was conducted in two stages to measure changes in mothers' understanding. The first stage was a pretest,

Table 1. Sample characteristics

Category	Frequency (n)	Percentage (%)
Age		
1-20 Years	6	20
> 21 Years	24	80
Education		
Higher education	15	50
Low Education	15	50
Work		
Not Working/ Household	20	66.7
Private/ Self-Employed	5	16.7
Ceivil servant	5	16.7
Income		
Below UMR <2,700,000)	25	83.3
Above UMR ≥2,700,000)	5	16.7

2. Bivariate Analysis

Table 2 show that explains the effect of the Questions & A module intervention on respondents' knowledge. This table provides means and standard deviations (SD) for pre- and post-intervention

conducted in the third trimester of pregnancy to evaluate the mother's initial knowledge. The second stage was a posttest, conducted in the first month after the baby was born to assess changes in understanding. Data were collected using a structured questionnaire, designed in language that was easy to understand and relevant to the needs of the respondents. Completion of the questionnaire was facilitated directly or through a digital platform to ensure accuracy and efficiency in data collection.

Table 1 presents the results of the analysis based on the respondent characteristics, which show that the dominant values in this study were age > 20 years as many as 24 people (80%), education, getting the same value as many as 15 people (50%), employment, with not working or household as many as 20 people (66.7%), and income, below the minimum wage as many as 25 people (83.3%).

assessments.

At the pre-intervention stage, the intervention group had an average score of 16.07 with a standard deviation of 1.83, while the control group had an average score of 16.63 with a standard deviation of

2.63. The p value for the pre-intervention comparison was less than 0.001, indicating a significant difference in the level of knowledge between the two groups before the intervention.

After the intervention, the intervention group showed a mean score of 19.60 with a standard deviation of 2.13, while the control group maintained a mean score of

16.27 with a standard deviation of 2.15. The p value for the post-intervention comparison was 0.253, indicating no significant difference between the two groups after the intervention. This shows that the Questions & Answers module is effective in increasing knowledge, while the control group did not show a significant increase.

Table 2. Effect of Q&A module intervention on knowledge

Group	N	Mean	SD	p
Pre-Intervention				
Intervention	15	16.07	1.83	<0.001
Control	15	16.67	2.44	
Post Intervention				
Intervention	15	19.60	2.13	0.253
Control	15	16.27	2.15	

DISCUSSION

Based on researchers (Santi, 2023) that education using any form of media, whether modules or booklets, has a great influence on mothers' understanding. Meanwhile, according to (Prastiwi et al., 2018), knowledge and understanding of breastfeeding mothers and about breast milk, as well as the mother's education level, are factors that significantly influence breastfeeding practices for mothers. In addition, the role of midwives as providers of education and maternal health companions also has a significant influence on these practices.

This finding is in line with the results of research on the effect of education using Questions & Answers modules on mothers' understanding of breastfeeding, where structured and interaction-based education can significantly increase mothers' knowledge. The level of mother's knowledge is influenced by various factors, including education, occupation, age, interests, experience, culture, surrounding environment, and access to information. In the context of this study, the Questions & Answers module proved effective as an educational medium

because it was able to overcome obstacles related to these factors, such as low access to information or limited previous experience. Education delivered through the Questions & Answers module not only increased mothers' understanding but also strengthened positive attitudes towards breastfeeding, thus supporting better IMD and exclusive breastfeeding practices. This suggests that interactive education-based interventions can be an effective solution to improve overall breastfeeding practices.

The results of this study are in line with research conducted by (Nurmayani et al., 2020) which stated that there was an increase in knowledge after health promotion was carried out. This can be seen from the increase in knowledge scores which initially only 5 people with high knowledge changed to 19 people with high knowledge. The authors and participants really hope that there will be regular maternal and child health education activities from the Health Center or related parties, to support regional and government programs in improving health levels.

This study is also in line with research

conducted by (Harzami, 2024) which stated that the average knowledge of pregnant women before being given health education was 39.62 with a standard deviation of 20,096. After being given health education, the average knowledge of pregnant women increased to 89.23 with a standard deviation of 12,938 at the Kuranji Padang Health Center.

Thus, the results of this study indicate that an interactive and structured educational approach, such as a Questions & Answers module, is very effective in improving mothers' understanding of breastfeeding. With proven effectiveness, this method can be a reference in other health education programs. In addition to increasing knowledge, this method can also increase mothers' confidence in breastfeeding and support better breastfeeding practices, thus having a positive impact on maternal and infant health.

Based on researchers (Santi, 2023), education using any form of media, whether modules or booklets, has a great influence on mothers' understanding. Meanwhile, according to Prastiwi et al. (2018), knowledge and understanding of breastfeeding mothers and breast milk, as well as the mother's education level, are significant factors that influence breastfeeding practices. Additionally, the role of midwives as providers of education and maternal health companions also significantly influences these practices.

This finding aligns with the results of research on the effect of education using Questions & Answers modules on mothers' understanding of breastfeeding, where structured and interaction-based education significantly increases mothers' knowledge. The level of mothers' knowledge is influenced by various factors, including education, occupation, age, interests, experience, culture, surrounding environment, and

access to information. In the context of this study, the Questions & Answers module proved effective as an educational medium because it was able to overcome obstacles related to these factors, such as low access to information or limited previous experience. Education delivered through the Questions & Answers module not only increased mothers' understanding but also strengthened positive attitudes towards breastfeeding, thus supporting better IMD (Early Initiation of Breastfeeding) and exclusive breastfeeding practices. This suggests that interactive education-based interventions can be an effective solution to improve overall breastfeeding practices.

The results of this study are in line with research conducted by Nurmayani et al. (2020), which found a significant increase in knowledge after health promotion was carried out. This was evident from the increase in knowledge scores, where initially only 5 people had high knowledge, which later increased to 19 people after the intervention. Similarly, Harzami (2024) found that the average knowledge of pregnant women before receiving health education was 39.62 with a standard deviation of 20.096, which increased to 89.23 with a standard deviation of 12.938 after the intervention at the Kuranji Padang Health Center. These findings reinforce the argument that interactive educational approaches, such as Questions & Answers modules, can be instrumental in improving maternal knowledge about breastfeeding.

Furthermore, the study by Yusnita et al. (2022) supports these findings, demonstrating that using multimedia-based education, such as interactive videos, significantly improved breastfeeding knowledge and practice compared to conventional lecture-based education. Another study by Setiawan et al. (2021) showed that education with peer-support interventions was also highly

effective in promoting breastfeeding, suggesting that interaction and engagement are key factors in knowledge retention and behavioral change.

However, not all studies have found significant improvements in knowledge following educational interventions. A study by Widyaningsih et al. (2019) revealed that while educational interventions improved knowledge, they did not significantly impact breastfeeding practices due to external factors such as family support, workplace policies, and cultural beliefs. Similarly, research by Patel et al. (2020) in rural communities indicated that while structured education increased awareness, it did not translate into behavior change due to a lack of post-education support and conflicting societal norms about breastfeeding. These findings highlight that while educational interventions like the Questions & Answers module are beneficial, they must be supplemented with community support, workplace accommodations, and broader social awareness initiatives to ensure a sustained impact on breastfeeding practices.

Thus, the results of this study indicate that an interactive and structured educational approach, such as a Questions & Answers module, is highly effective in improving mothers' understanding of breastfeeding. Given its proven effectiveness, this method can serve as a reference for other health education programs. Besides increasing knowledge, this method can also boost mothers' confidence in breastfeeding and support better breastfeeding practices, ultimately having a positive impact on maternal and infant health. However, for sustained behavioral changes, additional interventions, such as peer support programs and policy adjustments, should be considered to reinforce the knowledge gained through educational efforts.

AUTHOR CONTRIBUTION

Vella Meilanda, who served as the scriptwriter, also conducted fieldwork and research for this study. Bintang Agustina Pratiwi was responsible for the research and overall project arrangement. Riska Yanuarti collaborated as a supervisor during the manuscript preparation. Nopia Wati and Afriyanto collaborated as examiners.

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CONFLICT OF INTEREST

There is no conflict of interest in this study.

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