

## The effect of breastfeeding counseling using card media on the knowledge and skills of breastfeeding mothers using the Quasy Experiment research approach

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### Abstract

**Purpose:** This research aims to analyze the effect of breastfeeding counseling cards on the knowledge and breastfeeding skills level in mothers of babies 0-6 months. **Methods:** This research used a quasi-experimental design with two treatment groups. The research sample of 30 respondents was calculated with the help of G-Power Analysis 3.1 based on a 2-group t-test with an alpha error of .05, power of study 0.80, and large effect size (0.9). **Results:** The average age of breastfeeding mothers is 26.7 years, with the majority education level being senior high school (SMA) at 63.3% and the number of children at one level being 53.3%. Counseling with cards had a significant effect on the level of knowledge of breastfeeding mothers ( $p < 0.000$ ). Counseling also significantly affects changes in skills ( $p < 0.000$ ). The intensity of counseling is also a factor that influences the improvement of the mother's skills, so the more frequent contact between the mother and the counselor, the more often the mother will receive information, indirectly improving the mother's skills. **Conclusion:** The results of this study can be used as a reference for further research related to breastfeeding counseling and exclusive breastfeeding. The results of this research can be developed with other media, both print and electronic media, by taking advantage of advances in technology and society that continue to develop to increase the knowledge and skills of breastfeeding mothers and achieve exclusive breastfeeding.

**Keywords:** breastfeeding counseling; card method; knowledge and skills

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## INTRODUCTION

Breastfeeding is part of fulfilling children's rights. Breastfeeding is a biological and sociocultural practice that involves married couples providing breast milk to families, communities, and various health service providers [1]. Low self-efficacy of breastfeeding

mothers and inadequate lactation support from healthcare providers are the main reasons for early breastfeeding cessation [2]. Inadequate clinical education in supporting lactation is a long-standing problem at all levels of health care. Other causes of the marked decline in breastfeeding practices and their duration include maternal employment, inadequate

prenatal education about breastfeeding, difficulties in accessing medical assistance and care related to breastfeeding, commercial promotion of formula milk, lack of social support for breastfeeding, the role of the media masses who describe formula feeding as normative and misinformation about exclusive breastfeeding [3]. This condition will make it challenging to achieve exclusive breastfeeding.

Achievement of exclusive breastfeeding in Indonesia has not reached the expected target; in 2016, the achievement was 54% even though the long-term target was around 80% [4]. Meanwhile, in other parts of the country, the percentage of exclusively breastfed children appears to decline sharply during the first six months, from 44% of babies aged 0–1 month to 24% of babies aged 4–5 months [5]. The prevalence in America was found to be that only 13.8% of babies received exclusive breast milk until the age of 6 months [6], whereas in England, it does not reach 34% [7]. Recent research by WHO found in samples from 194 countries that only 40% of children under six months were exclusively breastfed [8].

One of the efforts made to increase the achievement of exclusive breastfeeding is breastfeeding counseling. Breastfeeding counseling can increase exclusive breastfeeding [9]. Counseling given systematically to young mothers can increase the duration of exclusive breastfeeding by two months and reduce the incidence of weaning before six months of exclusive breastfeeding by 48% [10]. Counseling can also increase a mother's confidence and skills in providing exclusive breast milk to her baby [11,12]. Fulfilling the need for exclusive breastfeeding will increase children's growth and development [13,14] and improve health and endurance for life/survival [9].

Research related to counseling for mothers using card media to increase mothers' knowledge and behavior in providing breastfeeding is still very rarely carried out in Indonesia. Several studies have been conducted to analyze the Impact of counseling on mothers' ability to breastfeed their children. One study said that counseling using a peer-counseling approach can increase the duration of breastfeeding and the frequency of breastfeeding in the first hour [15]. Other research says that counseling during the antenatal period can improve a mother's breastfeeding skills in the first six months [16]. The novelty of this study is the use of card media to increase mothers' knowledge and skills in breastfeeding their children. This research

differs from previous research because the counseling technique uses card media. Cards are a communicative medium, and the design of the material content on the cards is easy for mothers to understand. This research aims to analyze the effect of breastfeeding counseling cards on the knowledge and breastfeeding skills level of mothers of babies 0-6 months.

## METHODS

This research used a quasi-experimental design with two treatment groups. This study's population were breastfeeding mothers with babies aged 0-6 months who were still given breast milk. The research sample of 30 respondents was calculated with the help of G-Power Analysis 3.1 based on a 2-group t-test with an alpha error of .05, power of study 0.80, and large effect size (0.9), resulting in 30 samples (15 samples in each group). Inclusion criteria include Breastfeeding mothers who have babies aged 0-6 months who live in Ampeldento village, Breastfeeding mothers who have babies aged 0-6 who are still breastfed, Breastfeeding mothers who have babies aged 0-6 who can read and write, Breastfeeding mothers who have healthy babies aged 0-6. The independent variable of this research is counseling using cards, while the dependent variable is changes in knowledge and skills.

Counseling is carried out in two meetings for 30-60 minutes by conducting home visits or according to agreement with the respondent. The distance between the first and second counseling is one week. The treatment group received counseling with cards, while the control group only received counseling. Both groups underwent a pre-test and post-test. The instrument to measure knowledge and skills is a questionnaire from the breastfeeding counseling training of the Malang District Health Service. Categorization of knowledge and skill levels using mean and SD (Standard Deviation) values: Good:  $X > \text{mean} + 1\text{SD}$ , Fair:  $\text{mean} - 1\text{SD} < X < \text{mean} + 1\text{SD}$ . The data analysis used is frequency distribution, mean, standard deviation, chi-square, homogeneity, Shapiro Wilk test, Wilcoxon sign rank test—significance level 0.05.

### Ethical considerations

This study has received ethical approval from the National Unity and Politics Agency of Malang Regency Government, Indonesia (No.072/609/35.07.207/2018).

## RESULTS

### Respondent characteristics

The average age of breastfeeding mothers is 26.7 years, with the majority education level being senior high school (SMA) at 63.3% and the number of children at one level being 53.3% (**Table 1**).

**Table 1. Characteristics of respondents**

Characteristics	Frequency (n)	Percentage (%)
Age		
Late Teenagers (17 – 25 years)	14	46.7
Early Adulthood (26 – 35 years)	13	43.3
Late Adulthood (36 – 45 years)	3	10
Mean±SD	26.73 ± 5.97	
Education		
Junior High School	8	26.7
Senior High School	19	63.3
College	3	10
Number of children		
Primipara	16	53.3
Multiparous	14	46.7
Mean±SD	1.63 ± 0.89	

### Characteristics of the level of knowledge and skills

The respondent's level of knowledge based on age before counseling was mainly in the sufficient knowledge category, namely 66.7%, and after counseling, it increased to 70%. Breastfeeding mothers' skills seen from age in the good skills category increased from 16.7% before counseling to 20% after counseling. In general, this also happens when looking at the level of education and number of children (**Table 2**).

### Relationship between respondent characteristics and knowledge

There was no relationship between age characteristics and maternal knowledge both before and after counseling was given in both groups. In the treatment

group, it was found that age was not related to knowledge before counseling ( $p > 0.249$ ) and after counseling ( $p > 0.218$ ). There was no relationship between educational level characteristics and maternal knowledge both before and after being given counseling in both groups. In the treatment group, it was found that the level of education was not related to knowledge before counseling ( $p > 0.577$ ) and after counseling ( $p > 0.583$ ). There was no relationship between the characteristics of the number of children and the mother's knowledge both before and after being given counseling in both groups. In the treatment group, it was found that the number of children was not related to knowledge before counseling ( $p > 0.700$ ) and after counseling ( $p > 0.875$ ) (**Table 3**).

### The relationship between respondent characteristics and skills

There was no relationship between age characteristics and maternal skills both before and after being given counseling in both groups. In the treatment group, it was found that age was not related to skills before counseling ( $p > 0.089$ ) and after counseling ( $p > 0.120$ ). There was no relationship between educational level characteristics and maternal skills both before and after being given counseling in both groups. In the treatment group, it was found that the level of education was not related to skills before counseling ( $p > 0.217$ ) and after counseling ( $p > 0.776$ ). There was no relationship between the characteristics of the number of children and maternal skills both before and after being given counseling in both groups. In the treatment group, it was found that the number of children was not related to skills before counseling ( $p > 0.262$ ) and after counseling ( $p > 0.326$ ) (**Table 4**).

### The effect of counseling on knowledge and skills

Counseling with cards had a significant effect on the level of knowledge of breastfeeding mothers ( $p < 0.000$ ). Counseling also has a significant effect on changes in skills ( $p < 0.000$ ) (**Table 5**).

**Table 2. Level of knowledge and skills of breastfeeding mothers (n=30)**

Characteristics		Knowledge (n/%)			Skills (n/%)		
		Not enough	Enough	Good	Not enough	Enough	Good
<b>Age</b>							
Late Teenagers	Pre	0/0	12/85.7	2/14.3	0/0	13/92.9	1/7.1
	Post	1/7.1	10/71.4	3/21.4	2/14.3	11/78.6	1/7.1
Early Adulthood	Pre	3/23.1	6/46.2	4/30.8	2/15.4	8/61.5	3/23.1
	Post	3/23.1	8/61.5	2/15.4	3/23.1	6/46.2	4/30.8
Late Adulthood	Pre	1/33.3	2/66.7	0/0	1/33.3	1/33.3	1/33.3
	Post	0/0	3/100	0/0	1/33.3	1/33.3	1/33.3
Total	Pre	4/13.3	20/66.7	6/20	3/10	22/73.3	5/16.7
	Post	4/13.3	21/70	5/16.7	6/20	18/60	6/20
<b>Education</b>							
Junior High School	Pre	2/25	4/50	2/25	1/12.5	5/62.5	2/25
	Post	1/12.5	6/75	1/12.5	1/12.5	6/75	1/12.5
Bachelor	Pre	2/10.5	15/78.9	2/10.5	2/10.5	15/78.9	2/10.5
	Post	3/15.8	13/68.4	3/15.8	5/26.3	10/52.6	4/21.1
Total	Pre	0/0	1/33.3	2/66.7	0/0	2/66.7	1/33.3
	Post	0/0	2/66.7	1/33.3	0/0	2/66.7	1/33.3
Total	Pre	4/13.3	20/66.7	6/20	3/10	22/73.3	5/16.7
	Post	4/13.3	21/70	5/16.7	6/20	18/60	6/20
<b>Number of children</b>							
Primipara	Pre	1/6.3	12/75	3/18.8	1/6.3	14/87.5	1/6.3
	Post	2/12.5	11/68.8	3/18.8	3/18.8	11/68.8	2/12.5
Multiparous	Pre	3/21.4	8/57.1	3/21.4	2/14.3	8/57.1	4/28.6
	Post	2/14.3	10/71.4	2/14.3	3/21.4	7/50	4/28.6
Total	Pre	4/13.3	20/66.7	6/20	3/10	22/73.3	5/16.7
	Post	4/13.3	21/70	5/16.7	6/20	18/60	6/20

**Table 3. Influence of characteristics on knowledge of breastfeeding mothers (n=30)**

Characteristics		Knowledge							
		Cardless counseling (n=15) (n/%)				Counseling with cards (n=15) (n/%)			
		Not enough	Enough	Good	p-value	Not enough	Enough	Good	p-value
<b>Age</b>									
Late Teenagers	Pre	0/0	6/54.5	1/33.3	0.698*	0/0	6/85.7	1/14.3	0.249*
	Post	1/14.3	4/57.1	2/28.6	0.571**	0/0	6/85.7	1/14.3	0.218**
Early Adulthood	Pre	1/100	4/36.4	2/66.7		2/33.3	2/33.3	2/33.3	
	Post	1/14.3	6/85.7	0/0		2/33.3	2/33.3	2/33.3	
Late Adulthood	Pre	0/0	1/9.1	0/0		1/50	1/50	0/0	
	Post	0/0	1/100	0/0		0/0	2/100	0/0	
Total	Pre	1/6.7	11/73.3	3/20		2/20	9/60	3/20	
	Post	2/13.3	11/73.3	2/13.3		2/13.3	10/66.7	3/20	
<b>Education</b>									
Junior High School	Pre	1/20	3/60	1/20	0.152*	1/33.3	1/33.3	1/33.3	0.577*
	Post	0/0	4/80	1/20	0.764**	1/33.3	2/66.7	0/0	0.583**
Senior High School	Pre	0/0	8/88.9	1/11.1		2/20	7/70	1/10	
	Post	2/22.2	6/66.7	1/11.1		1/10	7/70	2/20	
Bachelor	Pre	0/0	0/0	1/100		0/0	1/50	1/50	
	Post	0/0	1/100	0/0		0/0	1/50	1/50	
Total	Pre	1/6.7	11/73.3	3/20		3/20	9/60	3/20	
	Post	2/13.3	11/73.3	2/13.3		2/13.3	10/66.7	3/20	
<b>Number of children</b>									
Primipara	Pre	0/0	7/77.8	2/22.2	0.446*	1/14.3	5/71.4	1/14.3	0.700*
	Post	1/11.1	6/66.7	2/22.2	0.460**	1/14.3	5/71.4	1/14.3	0.875**
Multiparous	Pre	1/16.7	4/66.7	1/16.7		2/25	4/50	2/25	
	Post	1/16.7	5/83.3	0/0		1/12.5	5/62.5	2/25	
Total	Pre	1/6.7	11/73.3	3/20		3/20	9/20	3/20	
	Post	2/13.3	11/73.3	2/13.3		2/13.3	10/66.7	3/20	

Note: \*knowledge before action; \*\* knowledge after action (chi-square)

**Table 4. Influence of characteristics on breastfeeding mothers' skills (n=30)**

Characteristics	Skills								
	Cardless counseling (n=15) (n/%)				Counseling with cards (n=15) (n/%)				
	Not enough	Enough	Good	p-value	Not enough	Enough	Good	p-value	
Age									
Late Teenagers	Pre	0/0	6/85.7	1/14.3	0.117*	0/0	7/100	0/0	0.089*
	Post	2/28.6	5/71.4	0/0	0.369**	0/0	6/85.7	1/14.3	0.120**
Early Adulthood	Pre	0/0	6/85.7	1/14.3		2/33.3	2/33.3	2/33.3	
	Post	1/14.3	5/71.4	1/14.3		2/33.3	1/16.7	3/50	
Late Adulthood	Pre	0/0	0/0	1/100		1/50	1/50	0/0	
	Post	1/100	0/0	0/0		0/0	1/50	1/50	
Total	Pre	0/0	12/80	3/20		3/20	10/66.7	2/13.3	
	Post	4/26.7	10/66.7	1/6.7		2/13.3	8/53.3	5/33.3	
Education									
Junior High School	Pre	0/0	4/80	1/20	0.870*	1/33.3	1/33.3	1/33.3	0.217*
	Post	0/0	5/100	0/0	0.287**	1/33.3	1/33.3	1/33.3	0.776**
Senior High School	Pre	0/0	7/77.8	2/22.2		2/20	8/80	0/0	
	Post	4/44.4	4/44.4	1/11		1/10	6/60	3/30	
Bachelor	Pre	0/0	1/100	0/0		0/0	1/50	1/50	
	Post	0/0	1/100	0/0		0/0	1/50	1/50	
Total	Pre	0/0	12/80	3/20		3/20	10/66.7	2/13.3	
	Post	4/26.7	10/66.7	1,6,7		2/13.3	8/53.3	5/33.3	
Number of children									
Primipara	Pre	0/0	8/88.9	1/11.1	0.292*	1/14.3	6/85.7	0/0	0.262*
	Post	2/22.2	6/66.7	1/11.1	0.659**	1/14.3	5/71.4	1/14.3	0.326**
Multiparous	Pre	0/0	4/66.7	2/33.3		2/25	4/50	2/25	
	Post	2/33.3	4/66.7	0/0		1/12.5	3/37.5	4/50	
Total	Pre	0/0	12/80	3/20		3/20	10/66.7	2/13.3	
	Post	4/26.7	10/66.7	1/6.7		2/13.3	8/53.3	5/33.3	

Note: \*skills before action; \*\* skill after action (chi-square)

**Table 5. Effect of counseling on knowledge and skills**

Variable	Group		p-value
	Without cards (n=15)	By card (n=15)	
Knowledge			
Pre-knowledge (Mean±SD)	4.53±2.23	4.33±2.29	
Post knowledge (Mean±SD)	7.00±1.60	7.07 ± 1.751	
Pre-post knowledge (Z)		-4,304	0,000*
Skills			
Pre skills (Mean±SD)	5.60±1.40	4.87 ± 1.46	
Post skills (Mean±SD)	7.60±1.29	8.67±1.45	
Pre-post skills (Z)		-4,478	0,000*

Notes: \*Wilcoxon

## DISCUSSION

### Relationship between respondent characteristics and mother's knowledge and skills in providing breast milk

The mother's age is an essential factor to consider in the success of breastfeeding her child. More mature mothers have the skills to manage time and stress. Younger mothers will have difficulty managing time-related to routine activities at home providing breast milk to their children. Younger mothers tend to get stressed easily. Mothers who experience depression

have a greater risk of feeding problems in their babies, such as short breastfeeding duration, experience more difficulties, and experience decreased self-efficacy [17].

The research results show that mothers who breastfeed in the early adulthood age range are a healthy, safe, productive time and can solve all the problems they face emotionally during pregnancy, childbirth, and breastfeeding. The age corresponding to the reproductive period is perfect and supports exclusive breastfeeding. The older a person is, the more their knowledge will increase because their knowledge is obtained from their own experience or experience obtained from other people [18].

The mother's education level is also an aspect related to breastfeeding. Mother with a good level of education. The higher the level of education, the easier it is for the subject to accept changes, including matters relating to health maintenance and changes in breastfeeding knowledge and skills [19], [20]. The level

of education is one factor that can influence the level of knowledge because subject knowledge changes attitudes and behaviors with positive values. The higher a person's level of education, the easier it is to receive information so that they will have more experience. Someone who has extensive experience will have an impact on their cognitive abilities. Education is an increasingly important factor in everyday life. The level of education will influence a person's perception of cognitive abilities. Someone who is highly educated also has high reasoning [21]. The mother's education determines the mother's ability to carry out health promotion actions. Better maternal education is linear with the mother's ability to engage in health-promoting behavior. Maternal education is one factor determining the success of parenting patterns in providing food to children [22-23].

A smaller number of children, namely between 1 and 2, have better abilities in managing lactation and health-promoting behavioral abilities compared to families with 3 to 4 children. Mothers with fewer children will be able to maintain warm mother-child interactions. This is due to the availability of sufficient time for interaction. This warm interaction will have an impact on children's health. Mothers who have good interactions with their children will be able to provide good care, demonstrated by managing their children's health and taking health promotion actions [24].

This study show that the characteristics of respondents are not related to the level of knowledge and skills. This shows that other factors influence the knowledge and skills of breastfeeding mothers, such as spiritual support, family support, and support from health workers. Spiritual support is a factor that determines good decision-making for breastfeeding, as Muslim mothers in their holy book, namely the Koran, state that breast milk is given for two years [3]. Family and staff support will increase the mother's knowledge and skills in providing breast milk to her baby [1].

### **The effect of counseling on knowledge and skills**

This study shows significant changes in the level of knowledge and skills between the groups without cards and with cards. After being given counseling, the results obtained in the group without cards showed an average value of 7.00 with a standard deviation of 1.60. Meanwhile, the group with cards had a higher average value, namely 7.07, with a standard deviation of 1.751. This shows that although the average knowledge level

of the group without cards had a higher value at the initial value, after being given counseling without cards and with cards, the group with cards could reach a higher average value than the group without cards.

Although the respondents' level of knowledge is not all seen from the level of knowledge category, not all are good. Still, the value of the level of knowledge increased, especially in the group with cards. This is possible because, with the counseling card media, respondents can read the short material on the Card to make it easier to remember and increase the respondent's knowledge significantly. The group without cards cannot repeat reading the material, and they only remember what was given during counseling [19,25].

Based on these results, we can conclude that counseling cards as a counseling medium are beneficial in breastfeeding counseling because they can increase the mother's knowledge compared to counseling without a counseling card. Counseling cards can make a significant difference to the mother's level of knowledge. Mothers who were given counseling using cards had a better level of knowledge than the group who did not use cards with a significant difference [1,16,26].

This study shows a significant change in skill levels between the groups without cards and with cards. After being given counseling, the results obtained in the group without cards showed an average skill level value of 7.60 with a standard deviation of 1.29. Meanwhile, the group with cards had a higher average skill level score, 8.67, with a standard deviation of 1.45. This shows that although the average skill level of the group without cards had a higher value at the initial value, after being given counseling without cards and with cards, the group with cards could reach a higher average value than the group without cards.

The Z value obtained at the skill level is -4.478 with a p-value of 0.00, which is less than the research critical limit of 0.05, so the hypothesis decision is to accept H1, which means that there is a significant difference between the skill level in the group without cards and group with cards where the group with cards shows a better skill level than the group without cards. Thus, it can be concluded that counseling using cards significantly improves breastfeeding mothers' skills [19,27].

The intensity of counseling is also a factor that influences the improvement of the mother's skills, so

the more frequent contact there is between the mother and the counselor, the more frequently the mother gets information, which indirectly improves the mother's skills [28]. By providing a counseling card that the mother must fill out every day, the steps that must be followed when breastfeeding make it easier for the mother to remember and practice breastfeeding skills correctly. The counseling card can be a medium of contact between the mother and the counselor.

This is different from the treatment group without cards because they did not receive media, so there were no tools for mothers to recall the counseling given. Only based on the memory of the stages and techniques of breastfeeding when counseling is given. There is no media to check, like respondents in the card treatment group.

Based on these results, we can conclude that providing counseling cards as a medium is beneficial in breastfeeding counseling because it can improve mothers' skills compared to counseling without cards. Media counseling cards as contact material can make a significant difference to the mother's level of knowledge about breastfeeding. By providing a counseling card that the mother must fill out every day, the steps that must be followed when breastfeeding make it easier for the mother to remember and practice breastfeeding skills correctly [16,29].

## CONCLUSIONS

The breastfeeding mothers in this study ranged in age from late adolescence to late Adulthood, with a secondary school education level and several primiparous children. Breastfeeding counseling using cards can increase breastfeeding mothers' knowledge to be better than without cards. Breastfeeding counseling using cards can improve breastfeeding mothers' skills to be better than without using cards. Breastfeeding counseling using counseling cards can improve breastfeeding mothers' skills better than their level of knowledge. The results of this study can be used as a reference for further research related to breastfeeding counseling and exclusive breastfeeding. The results of this research can be developed with other media, both print and electronic media, by taking advantage of advances in technology and society that continue to develop to increase the knowledge and skills of breastfeeding mothers and achieve exclusive breastfeeding.

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