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Education for Pregnant Women and Cadres as an Effort to Optimize the Achievement of Exclusive Breastfeeding in Stunting Prevention

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Abstract. Exclusive breastfeeding for the first six months of a baby's life is the gold standard in infant and child feeding recommended by WHO and UNICEF. Breast milk contains the complete nutrition that babies need. Only breastfeeding for infants aged 0-6 months is sufficient for all the nutritional needs of infants. This program aimed to increase mothers' understanding of the importance of exclusive breastfeeding, increase mothers' self-efficacy for breastfeeding, and mothers' readiness to face the breastfeeding process. The program is carried out by providing education, demonstrations, and breastfeeding assistance, as well as evaluation monitoring. The activity was attended by nine third-trimester pregnant women and 11 cadres, all of whom were unemployed. Providing education and training about the importance of breastfeeding for reducing can increase knowledge about exclusive breastfeeding. Breastfeeding self-efficacy was also measured and obtained an average score of 34 out of a total score of 56. The variation in breastfeeding self-efficacy was 4,153, with a minimum score of 34 and a maximum of 39. The results of breastfeeding assistance and evaluation showed that mothers can breastfeed well and only give breast milk to the baby. This program is expected to contribute to increasing breastfeeding coverage to reduce stunting in children.

Keywords: Exclusive breastfeeding, Education, Self efficacy, Accompaniment.

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Introduction

Stunting is defined as a health condition caused by chronic malnutrition and is characterized by a child's height being below the average for children his age. Children with stunting needs will experience difficulties in achieving optimal physical growth and cognitive development, have a decreased immune system, and are at risk of suffering from various chronic diseases. According to the World Health Organization (WHO), if the prevalence of stunted toddlers exceeds 20%, it could pose a public health risk (Bayuningrat, Subrata, Kartinawati, Pradnyawati, & Wijaya, 2022; World Health Organization, 2018). The prevalence of stunting in Indonesia will still be 21.6% in 2022. This condition is still quite far from the 2024 stunting reduction target of 14% (Kementerian et al., 2023). The prevalence of stunting in Central Java in 2022 will be 20.8%, and in the Pekalongan Regency, it will be 11.4% (Dinas et al., 2023; Salma & Ika, 2023).

The still high rate of stunting in Pekalongan Regency is due to a need for knowledge about diverse, nutritious, balanced, healthy, and safe food patterns. The Pekalongan Regency Government has a policy for reducing stunting cases, which is stipulated in Pekalongan Regent Regulation Number 9 of 2020 concerning a Copy of Stunting Reduction in Pekalongan Regency. In the Regent's Regulation, targets, and intervention activities that need to be carried out to reduce stunting cases have been determined, as well as involving the participation of the community and government in reducing stunting cases. Furthermore, in Pekalongan Regency Regional Regulation Number 5 of 2021 concerning the Pekalongan Regency Regional Medium Term Development Plan for 2021–2026, Pekalongan Regency Government, stunting is also still included in the priority problems to be addressed. The target percentage of stunting in Pekalongan Regency in 2026 is 10%. The Regional Government has made efforts to overcome the problem of stunting toddlers in

an integrated manner with activities to improve nutrition during pregnancy, the implementation of exclusive breastfeeding, and the provision of complementary foods for toddlers. This activity is undoubtedly one of the efforts to support the Pekalongan Regency program to help reduce stunting rates, one of which is through optimizing exclusive breastfeeding (Bupati Pekalongan, 2021).

Based on the literature, stunting is associated with the absence of breast milk. Toddlers who are not given breast milk have a greater risk of short stature compared to children who are given breast milk. Research results have proven that toddlers who do not receive IMD (early initiation of breastfeeding) are 1.3 times more likely to experience stunting. This shows that early initiation of breastfeeding, especially exclusive breastfeeding, is a form of maternal health service, and providing nutrition as early as possible can reduce the risk of stunting in toddlers. Another study also shows that toddlers who do not receive exclusive breastfeeding are 2,451 times more likely to experience stunting than toddlers who receive exclusive breastfeeding (Umiyah & Hamidiyah, 2020). In addition, several research results show that toddlers who are given exclusive breast milk are 9.3 times less likely to experience stunting compared to toddlers who are not given exclusive breast milk. Stunting conditions occur in children who are not given exclusive breast milk and receive complementary foods and formula milk too early; they are more susceptible to infectious diseases such as diarrhea and respiratory diseases (Abie & Goshu, 2019; Cozma-Petruț et al., 2021; Rachmayanti et al., 2022).

Exclusive breastfeeding is an essential protective factor in reducing the risk of stunting. The nutritional content of breast milk is the most ideal food component for baby growth and development (Boquien, 2018; Kristiyanti & Chabibah, 2019; Kristiyanti, Khuzaiyah, & Susiatmi, 2021). Factors that influence the provision of exclusive breastfeeding to babies and toddlers cannot be separated from the correct knowledge of mothers and families regarding exclusive breastfeeding, IMD practices, giving MP-ASI, and non-nutritional factors to be able to provide exclusive breastfeeding to babies and toddlers. Therefore, an important role is needed for cadres, health promoters and health services to support government programs regarding exclusive breastfeeding, providing education and providing appropriate and accurate information regarding stunting and how to prevent it. The importance of providing education to mothers during pregnancy, monitoring mothers after giving birth to immediately practice exclusive breastfeeding, family whether husband or parents and support from both the health and non-health sectors can be achieved to prevent children from experiencing stunting (Agrina et al., 2022; Kristiyanti & Chabibah, 2019; Kristiyanti et al., 2021; Kusuma & Khofiyah, 2022; Rachmayanti et al., 2022).

In fact, many programs have been carried out to prevent stunting, including the Aceh Singkil Regency government which has attempted to create a program that involving cross-sectors to overcome stunting. Training of cadres and health workers about Infant and Child Feeding, classes for pregnant women and toddler mothers, Pregnancy care, preparation for childbirth, and care of postpartum mothers have been taught to pregnant women who take part in training and provide health education teenagers and prospective brides (Sutraningsih, Marlindawani, & Silitonga, 2021). Similar efforts were also carried out in West Java through empowering cadres in stunting detection and stimulating the growth and development of toddlers (Adistie, Lumbantobing, & Maryam, 2018). However, in reality, there are still

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many people who still do not understand the importance of nutrition for pregnant women and toddlers. Until now, the mother has still been found having a baby ignores the importance of Early Initiation of Breastfeeding, the mother's inability to breastfeed until 6 months and stopping breastfeeding before the child is 2 years old (Sutraningsih et al., 2021). Other programme that have been carried out related to stunting prevention are carried out by optimizing human empowerment cadres to prevent stunting using counseling, training or practice, and simulation methods. The results of these community service activities are the transfer of knowledge through the various methods presented (Harianti, Mianna, Hasrianto, & Wiji, 2023).

The community service activities that we carried out not only empower cadres but also involve pregnant women in the third trimester to understand the importance of breastfeeding in preventing stunting. Community service participants are given education about stunting and its prevention, preventing stunting through breastfeeding, training on correct breastfeeding techniques as well as physical and psychological preparation training for breastfeeding. Furthermore, cadres are also given education to support breastfeeding mothers. So the aim of this program is to prevent stunting through exclusive breastfeeding with a comprehensive approach.

Implementation Method

This community service activity is carried out by providing education and training to pregnant women and cadres in Klunjungan and Kedungjaran Villages. Service activities start from July – August 2023. The education provided is about the importance of breastfeeding, preventing stunting, fulfilling maternal nutrition during pregnancy and breastfeeding, psychological readiness of mothers to face the breastfeeding process, problems/disorders that may arise during the breastfeeding process, and how to overcome them. Apart from that, pregnant women are also provided with correct breastfeeding techniques and how to overcome psychological problems during breastfeeding through the training provided.

Based on the results of interviews with Sragi 1 Community Health Center midwives, it was found that there is still a lack of public knowledge regarding preventing stunting, primarily through breastfeeding. Apart from that, there are cultural practices that are not good for health, especially for postpartum/breastfeeding mothers in breastfeeding, such as abstaining from postpartum food and the practice of giving additional food to babies before the age of 6 months. The existence of cultural practices that are contrary to health can cause problems that may arise when breastfeeding. Abstaining from certain types of food needed by pregnant and postpartum women can affect the production and quality of breast milk when breastfeeding. Apart from that, there is also the practice of giving additional food to babies less than six months old, which can have a negative impact on the baby's health. This condition is one of the factors in the failure of exclusive breastfeeding. In fact, giving exclusive breast milk to babies is really needed by babies because it provides significant benefits in their growth and development, especially in preventing stunting.

Results and Discussion

The output achieved in this is that mothers have a good understanding of pregnant women and cadres about stunting, giving breast milk to prevent

stunting, and providing provisions for mothers in preparation for the breastfeeding process so that the breastfeeding process can go well. Through this program, mothers will also become more confident and, feel capable/and have good self-efficacy themselves so that they are truly stable and ready to face the breastfeeding process and can overcome psychological problems that may arise during the breastfeeding process.

The average age of pregnant women is early adulthood, with a variation in age of 4. The youngest mother is 23 years, and the oldest is 35 years. The highest number of pregnancies for pregnant women who took part in this activity was the third pregnancy, with an average of the second pregnancy. Table 1 shows the distribution of age and number of maternal pregnancies.

Table 1. *Age characteristics and number of maternal pregnancies (n=9)*

Variable	Mean	Median	St. Deviation	Min	Max
Age	29,3	30	4,24	23	35
Pregnant to	2,1	2	0,78	1	3

Most of the mothers (55.6%) had elementary school education and all of them were homemakers/not working. Table 2 shows the characteristics of the mother's education and employment.

Table 2. *Educational and occupational characteristics of pregnant women (n=9)*

Variable		Amount	Percent (%)
Education	Elementary School	5	55,6
	Junior High School	3	3,33
	Senior High School	1	1,11
Work	Housewife/Not Working	9	100

The average age of cadres is at an adult age, which varies greatly, with the age being ten and, the youngest cadre being 20 years old, and the oldest being 53 years old.

Table 3. *Educational and occupational characteristics of cadres (n=9)*

Variable	Mean	Median	St. Deviation	Min	Max
Cadre age	34,36	31	10,87	20	53

Table 4. *Educational and occupational characteristics of cadres (n=11)*

Variable		Amount	Percent (%)
Education	Elementary School	1	9
	Junior High School	3	27,3
	Senior High School	5	45,5
	PT	2	18,2
Work	Housewife/Not Working	11	100

Providing education about mothers' and cadres' knowledge about stunting and the importance of breastfeeding in preventing stunting was 0.8 and 0.6. As can be seen in Table 3, the average knowledge before and after providing stunting education was 8.7 and 9.5, respectively. Changes in minimum and maximum scores also increased after being given education, namely 5 to 7, respectively, in the minimum score. Likewise, education on the importance of breast milk in preventing stunting has increased on average from 8.9 to 9.5. Changes in minimum and maximum scores also increased after being given education, namely 7 to 8, respectively, in the minimum score.

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Table 5. *Mean knowledge scores of mothers and cadres about stunting and the importance of breastfeeding in preventing stunting*

Variable		Mean	Median	St. Deviation	Min	Max
Knowledge Stunting	Pre	8,7	14	1,559	5	10
	Post	9,5	16	0,888	7	10
Knowledge The Importance of Breast Milk in Preventing Stunting	Pre	8,9	9	0,911	7	10
	Post	9,5	10	0,688	8	10

The average knowledge score of pregnant women in preparation for breastfeeding increased by 2 points. As can be seen in Table 6, the average knowledge before and after providing stunting education was 11.3 and 13.3, respectively. Changes in the minimum and maximum scores also increased after being given education, namely 8 to 11 on the minimum score and 13 to 15 on the maximum score, respectively.

Table 6. *Mean score of mothers' knowledge of breastfeeding and breastfeeding self-efficacy*

Variable		Mean	Median	St. Deviation	Min	Max
Breastfeeding Readiness Knowledge	Pre	11,3	12	1,581	8	13
	Post	13,3	13	1,322	11	15
Breastfeeding self-efficacy		34	35	4,153	26	39

Breastfeeding self-efficacy was also measured, and a mean score of 34 was obtained from a total score of 56. The variation in breastfeeding self-efficacy was 4.153, with a minimum score of 34 and a maximum of 39.

Figure 1. *Education and Counseling for Pregnant Women*

WHO and UNICEF introduced the Baby-Friendly Hospital Initiative (BFHI) in 1991, a program initiative that aims to provide support to health service facilities, especially those related to childbirth and baby care, throughout the world. This initiative directs the implementation of the 10 Steps to Breastfeeding Success (10 LMKM) (IDAI, 2013; Rumah et al., Indonesia, 2022; World Health Organization, 2022). One step towards successful breastfeeding is by providing education and counseling to pregnant women and their families regarding breastfeeding and breastfeeding

management. This aims to prepare pregnant women so that they have the insight and self-efficacy to be able to breastfeed their babies after the birth process. This community service activity is a step toward achieving successful breastfeeding, namely by providing education to pregnant women in the third trimester and continuing with monitoring and evaluation of the breastfeeding process when the mother has given birth. This activity is an integral part of successful breastfeeding and efforts to increase exclusive breastfeeding coverage.

Figure 2. *Education and Counseling for Pregnant Women and Cadres*

The result of providing education in this this community service programme is in line with previous activities with the results of measuring knowledge before and after given education was measured using pre and post-tests where there was an increase in knowledge of pregnant women regarding exclusive breastfeeding from 80.88% to 92.7%. Exclusive breastfeeding education has a significant impact and increasing mothers' awareness about the importance of exclusive breastfeeding as a preventive measure stunting in children (Dina et al., 2023). Similar to the programme that carried out by Kushargina et al, 2023 showed the result that there was an increase in the knowledge of target pregnant women as seen from an increase in the average pre- and post-test score by 25 points from 50 points to 75 points (Kushargina, Falah, Hafidz, Nadia, & Uswatun, 2023). Comprehensive knowledge regarding exclusive breastfeeding has a crucial role in supporting its success. This knowledge must be acquired during pregnancy and approaching delivery so that mothers can prepare all the aspects necessary for the breastfeeding process. Providing breast milk to babies immediately after birth has great significance because it can improve the health and survival of the baby and increase the continuity of breastfeeding (Mirawati, Masdiputri, Puteri, Hikmah, & Fatmawati, 2022).

Mothers with high confidence in their ability to be able to breastfeed their babies (breastfeeding self-efficacy) will have a positive impact on the duration of breastfeeding and the success of exclusive breastfeeding (Asih & Nurlaila, 2022). The study results also show that there is a significant relationship (p=0.036) between breastfeeding self-efficacy and the success of providing exclusive breastfeeding to postpartum mothers. Measures to increase postpartum mothers' breastfeeding self-efficacy can be carried out during the antenatal period (Rahayu, 2018). This activity is also an effort to increase breastfeeding self-efficacy in pregnant women so that mothers have confidence in their abilities when breastfeeding. During the monitoring

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evaluation, it was found that mothers with high self-confidence were able to breastfeed their babies well, so they were expected to be able to breastfeed them exclusively.

Apart from education for pregnant women, providing education and training for cadres is also important in efforts to increase breastfeeding in preventing stunting. Health cadres serve as educators for pregnant mothers and can then assist mothers in the breastfeeding process. This activity also provides education and training for cadres to participate in optimizing breastfeeding to achieve exclusive breastfeeding. Similar activities were also carried out in previous community service activities by optimizing cadre empowerment. Optimizing cadres as educators is useful in promoting toddler nutrition to prevent the risk of stunting (Asmawati et al., 2023; Ningtyas et al., 2022).

Conclusion and Suggestion

This community service activity will be able to have an impact on increasing the attainment of exclusive breastfeeding through follow-up carried out by village midwives and cadres. In the next activity, the process of mentoring, monitoring, and evaluating breastfeeding mothers can be continued by cadres with monitoring by midwives so that breastfeeding mothers continue to receive support to breastfeed exclusively and continue breastfeeding for two years.

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