

The Effect of Health Education about Breastfeeding Father on Husband's Knowledge at Pajangan Health Center, Bantul Yogyakarta

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Abstract

Mothers and husbands who have less knowledge about nutrition for pregnant women and exclusive breastfeeding are one of the causes of stunting. Prevention of stunting can be done since pregnancy and exclusive breastfeeding after the baby is born. The success of exclusive breastfeeding requires husband's support. Breastfeeding Father is the involvement of the father/husband in providing full support both morally and materially to his wife in the breastfeeding process. The role as a breastfeeding father requires good knowledge about breastfeeding fathers and breastfeeding. Husbands who have good knowledge have 1.7 times the possibility that the baby will get exclusive breastfeeding. This study used a quasi-experimental research method, with a one group pretest – posttest design, before giving the intervention a pretest was given, then the health education intervention was given using video, after the intervention was given a posttest. Respondents in this study were husbands of pregnant women who did Antenatal care (ANC) examinations at Pajangan Health Center Bantul Yogyakarta with a total of 30 respondents. The sampling technique used is accidental sampling. Data analysis in this study used frequency distribution and Wilcoxon's test. There is a difference in the average value of the setting before and after being given health education about breastfeeding fathers using video with a p-value of 0.000. Health education about breastfeeding fathers uses effective video media to increase husband's knowledge.

Keywords

health education; breastfeeding father; knowledge; husband



I. Introduction

Stunting is a condition in which a child's height is shorter than his age. Stunting occurs due to lack of nutrients for a long time, namely in the first 1,000 days of life. Factors that cause stunting include malnutrition during pregnancy and from newborns to toddlers. The factor of the lack of knowledge of mothers and husbands about nutrition for pregnant women and exclusive breastfeeding can also cause children to experience stunting. (Rahmad, A, et al 2013) Prevention of stunting problems can be done since pregnancy and exclusive breastfeeding after the baby is born. Proper feeding of infants and toddlers can optimize their growth and development.

Stunting has future consequences for children, namely low cognitive abilities and physical development, so it has an impact on preventing children's capacity when they grow up. Stunting can have an impact on children's productivity after adulthood. Stunted children

are susceptible to various degenerative diseases. The results of the study predict that the impact of stunting on children, namely psychosocial and mental health losses in children, will result in a loss of GDP of up to 300 trillion rupiah every year. This is a serious problem for the future of the nation and state, because today's children are the future of the nation and state (Yuliastini & Sudiarti, 2020). Stunting factors are very complex and many. The main factor is lack of food or nutrition, but other factors such as improper feeding, poor health services, and poor sanitation are also important (Dimitrova & Muttarak in Zulaika, et al. 2021).

Stunting illustrates the condition of failure to thrive in children due to malnutrition or chronic malnutrition during the period of growth and development that appears after children are 2 years old. This situation is represented by the height z-score by age (TB / U) less than -2 standard deviations (SD) based on growth standards. Then referring (Sakti, Eka Satriani, 2018) stunting has an impact in reducing cognitive function and can cause low education and productivity, and of course this can decrease the quality of development in the Republic of Indonesia. (Shinta, H. et al. 2020)

Based on Indonesia's health profile in 2017, the coverage of exclusive breastfeeding in Indonesia reached 6.13%. Meanwhile, the coverage of exclusive breastfeeding in the Special Region of Yogyakarta is 75.04%, higher than the national coverage. The causes of failure to give exclusive breastfeeding to infants aged 0-6 months include low maternal education, lack of knowledge, mother's experience, mother's energy intake, not doing early initiation of breastfeeding (IMD), wrong attachment during breastfeeding, advertisements for formula milk in the media. time and lack of husband's support(3)(4). The lack of husband's support for the success of exclusive breastfeeding is also followed by actions and implementations that are still lacking. (Angraini W, et al. 2019)

Husband's support is the support that mothers expect when breastfeeding. Husband's support is expected to provide benefits or as a driver in exclusive breastfeeding. Based on the results of the study indicate that husband's support is the most meaningful support compared to support from other people. Husband's support in terms of breastfeeding is called breastfeeding father. Breastfeeding father is the father's involvement in providing full support both morally and materially to his wife in the breastfeeding process (Mufdlilah, 2019). The father or husband can play an active role in the success of exclusive breastfeeding because the husband can determine the smoothness of the milk ejection reflex / let down reflex which is strongly influenced by the mother's emotions or feelings. Breastfeeding father can be prepared since pregnancy. Husbands can seek information about breastfeeding and discuss it with their wives regarding breastfeeding problems. Fathers who study breastfeeding and the management of the breastfeeding process before having a baby are the right steps to achieve the success of exclusive breastfeeding. Husbands who have good knowledge about breastfeeding have a 1.7 times chance that the baby will get exclusive breastfeeding.

Knowledge is the result of human sensing or the result of understanding an object from the senses it has (Notoatmodjo S, 2010). Knowledge of breastfeeding fathers can be obtained in various ways, one of which is health education for husbands or prospective fathers.(Sartika S et al, 2014) Health education about breastfeeding fathers for husbands aims to increase the husband's knowledge, understanding, behavior and attitudes towards his role in the success of breastfeeding. Health education is provided using audio-visual media, namely video. Video media is effectively used as health education because video integrates with other media, namely interesting writing, images and videos so that it is easily captured by the audience. The purpose of this study was to determine the effect of health education on breastfeeding fathers on husband's knowledge at Pajangan Health Center Bantul Yogyakarta.

II. Research Method

This study uses a quasi-experimental research method, with the type of design one group pretest - posttest design, where before the intervention was carried out a pretest (O1) and followed by treatment (x), and after some time a posttest (O2) was carried out.. The population in this study were prospective fathers or husbands of pregnant women who did antenatal care (ANC) examinations at the Pajangan Health Center, Bantul, Yogyakarta. The sampling technique used in this study was accidental sampling with a total of 30 respondents. Data retrieval is carried out after obtaining ethical permission with the number ST/023/PPPMFKES/5/2021. The process of taking is carried out in June-July 2021 starting from the pretest, giving the intervention, namely by providing health education by using a video about breastfeeding fathers, after giving the intervention, a posttest is then carried out. Univariate analysis used a frequency distribution while for bivariate analysis used the Wilcoxon test

III. Result and Discussion

Characteristics of respondents in this study include age, education, occupation, income, number of children. The frequency distribution for the characteristics of the respondents can be seen in table 1.

Table 1. Frequency distribution of respondent characteristics (n=30)

Characteristics	Frequency (n)	Percentage (%)
Age		
<25 years old	6	20.0
25-35 years old	17	56.7
>35 years old	7	23.3
Education		
Base	7	23.3
Intermediate	22	73.4
Tall	1	3.3
Work		
Private	20	66.7
Laborer	8	26.7
Farmer	2	6.6
Income		
Under MSE	13	43.3
Above UMK	17	56.7
Number of children		
Don't have kids yet	16	53.4
1-2	13	43.3
3	1	3.3
Amount	30	100

Table 1 shows that most of the respondents' ages are early adults, namely 25-35 years as many as 17 respondents (56.7%), the education of the majority of respondents is secondary education, namely 22 respondents (73.4%), most of the respondents' occupations are private, namely 20 respondents. (66.7%), with income mostly above the minimum wage in Bantul Regency, 17 respondents (56.7%), and 16 respondents (53.4%) do not have children.

3.1. Husband's knowledge about Breastfeeding Father before and after being given Health Education

Husband's knowledge about breastfeeding father before and after being given health education can be seen in table 2.

Table 2. Frequency distribution of respondents' knowledge before and after being given health education (n=30)

Domain	mean Before	mean After
Definition	1.8	2.1
Purpose	1.3	1.9
Breastfeeding father's role	1.9	3.1
How To Be	1.7	2.0

Table 2 shows the highest mean value before being given health education about breastfeeding fathers, namely in the domain of the role of breastfeeding fathers with a mean value of 1.9. The same thing also happened to the knowledge of respondents after being given health education with the highest mean value in the domain of the role of breastfeeding fathers with a mean value of 3.1.

3.2. The Effect of Health Education on Breastfeeding Father on Saumi's Knowledge

The difference in the mean or mean knowledge of husbands before and after being given health education about breastfeeding fathers using video media can be seen in Table 3.

Table 3. Differences in Mean (Mean) Knowledge of Husbands after being given health education about Breastfeeding Father (n=30)

Group	mean	Standard Deviation	p-value
<i>Pretest</i>	6.77	2,909	0.000
<i>Posttest</i>	9.13	1,408	

Based on Table 3 shows that there is a difference in the average knowledge of husbands before and after giving health education about breastfeeding father with a mean value before being given health education is 6.77 and after being given health education is 9.13, with a p-value of 0.000 (p value < 0.05), it can be seen that health education about breastfeeding fathers by using videos has an effect on husband's knowledge at the Pajangan Bantul Health Center in 2021.

IV. Result and Discussion

4.1. Husband's Knowledge before and after Health Education about Breastfeeding Father

Knowledge about breastfeeding fathers is divided into four domains, namely the definition, the purpose of the role of breastfeeding fathers and how to become breastfeeding fathers(5). Husband's knowledge of breastfeeding fathers before being given health education with video media showed the highest mean value in the role domain of breastfeeding fathers with a mean value of 1.9 and the lowest in the destination domain of breastfeeding fathers with a mean value of 1.3. The mean value is the same as the posttest results. Where the highest mean value in the domain of the role of breastfeeding fathers is 3.1. The results of this study are supported by the research of Budianto and Handayani (2016) which states that the mean value of pretest and posttest in the intervention group is the highest on the role of breastfeeding fathers.

The lowest mean pretest value occurred in the destination domain of breastfeeding fathers and how to become breastfed fathers. This can be caused because almost all respondents have never received information about breastfeeding fathers, as many as 28 respondents (93.3%). In addition, the lowest mean pretest value was in the domain of the goal of becoming a breastfeeding father. This can be caused because the husband does not know about the definition and purpose of breastfeeding fathers. The role played by the husband in the breastfeeding process is an ordinary role as a husband. One of the factors that influence one's knowledge is experience. Husbands/fathers who already have children will have more experience than those who have never had children. Husband's experience greatly contributes to child care, including breastfeeding. This condition is supported by the characteristics of the respondents where most of the respondents do not have children, as many as 16 (53.3%). The husband's lack of knowledge about breastfeeding is an indicator of the need for health workers to provide support and information about breastfeeding practices.

The highest average value of husband's knowledge about breastfeeding father after being given health education using video is 3.1. The highest mean value in the domain of the role of breastfeeding fathers, followed by how to become a breastfeeding father, the definition and the smallest mean is the goal of breastfeeding fathers. After being given health education about breastfeeding fathers by using videos, there was an increase in all domains of knowledge of breastfeeding fathers. A person's ability to capture information is influenced by the level of education. The higher the level of education a person's ability to receive and understand information, the better. The results showed that the education level of parents, namely husband and mother, can influence perceptions about breastfeeding. This is supported by the characteristics of the respondents where most of the respondents have secondary education, namely as many as 22 respondents (73.4%). Someone who has a higher education will tend to know more information and it is also easy to receive, so the knowledge he has is also broad, so he can overcome the health problems he is facing.

4.2. The Effect of Health Education on Breastfeeding Father on Saumi's Knowledge

Based on the results of the analysis test, it shows that there is a difference in the mean or mean knowledge of husbands before and after being given health education with the mean value before health education being 6.77 and after giving health education 9.13 with a p-value of 0.000 (p value <0.05), it can be seen that the provision of health education about breastfeeding fathers by using video media has an effect on husbands' knowledge about breastfeeding fathers. This study is in line with previous research which stated that father's education increased the knowledge and role of breastfeeding fathers, especially in the involvement of decision-making regarding nutrition and care for infants. Health education

increases husband's knowledge and role in exclusive breastfeeding (breastfeeding father). Public health interventions can improve parental breastfeeding information and practice.

Health education using video media about breastfeeding fathers has increased husband's knowledge about breastfeeding fathers. Video media is very useful and helps provide information to husbands because video media can stimulate the senses of hearing and sight simultaneously so that it is more interesting and easier to accept the information conveyed. This is also supported by the husband's education and age where most of the husbands have secondary education, namely 56.7% and early adulthood, namely 22 respondents (73.4%). Early adulthood has the power of thinking that has led to things that are real and make sense.

Video media is one form of audio-visual media, which in its use is more interesting. Audio-visual media can be integrated with other media such as interesting writing, pictures and videos so that they are easily captured by respondents. In addition, video media that combines video and audio or sound can convey more information when compared to written media alone. The theory that supports this shows that media selection is one of the important things to do so that the purpose of delivering information can be received as much as possible. In receiving information through the five senses, a person will receive more through the sense of sight (83%), the sense of hearing (11%), the sense of taste (1%), the sense of touch (2%) and the sense of smell (3%).

The breastfeeding father is the role and active involvement of the husband in providing moral and emotional support in breastfeeding. The husband's attention, support, assistance and overflow of affection for mother and baby will determine the emotional level of mother's happiness and encourage the let-down reflex of milk production and ejection. Husbands who apply breastfeeding fathers can affect breast milk production. In addition, the application of breastfeeding fathers is related to the mother's attitude in giving exclusive breastfeeding. Husbands who have good knowledge of breastfeeding fathers are expected to be able to apply breastfeeding fathers to the success of exclusive breastfeeding. Fathers who play the role of breastfeeding fathers will improve breastfeeding practices and breast milk production.

V. Conclusion

Husband's knowledge about breastfeeding father before and after being given health education has the highest mean value in the domain of the role of being a breastfeeding father. There is a difference in the mean value before and after being given health education about breastfeeding fathers. Health education about breastfeeding fathers by using videos is effective to increase husband's knowledge about breastfeeding fathers.

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