



# Education for Fathers about Breastfeeding Practices in Batam City: Learning Practice Model

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## Abstract

The term "exclusive breastfeeding" (EBF) alludes to the act of giving a baby exclusively breast milk and no other solid foods or liquids other than drops or syrups containing vitamins, minerals, supplements, or medications. Largely, poor breastfeeding rehearses, particularly elite breastfeeding rehearses have been broadly recorded in agricultural nations. In Indonesia, just 50% of the 2.3 million babies under a half-year old are solely breastfed, and this dropped by 12% in 2019. Quantitative research used, and a purposive testing technique was utilized to choose the last 82 members. The participants in this study were prospective fathers of pregnant women in their third trimester (32-40 weeks). They completed a validated and reliable checklist-style questionnaire. The experimental group's mean prior knowledge was 64.88; the mean post-education knowledge was 78.05, with a standard deviation of 9.453, and the mean 12.594 and a p-value of 0.000. The pre-test measurement in the benchmark group that did not get training was 65.24, with a standard deviation of 9.549, and the post-test measurement result was 67.68, with a standard deviation of 8.299, with a p-value of 0.000. Discussion: Fathers are unable to explore providing care for their children because of the limited information they are receiving from social media. In this instructive class, they likewise comprehended that basic reassurance and little assistance are required in the breastfeeding system.

**Keywords:** Education, Breastfeeding Practices.

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## 1. Introduction

Exclusive breastfeeding (EBF) considered the gold standard for infant nutrition in the first six months of life. This practice provides numerous benefits for both the baby and the mother. Breast milk is a complete food source, perfectly tailored to meet an infant's nutritional needs. It contains antibodies that help protect babies from common childhood illnesses such as diarrhea and pneumonia, which are major causes of infant mortality in developing countries [1]. The WHO's recommendation for six months of EBF is based on extensive research showing that this practice optimizes infant growth, development, and health. After six months, the WHO suggests introducing appropriate complementary foods while continuing breastfeeding up to two years of age or beyond. This approach ensures a smooth transition to solid foods while maintaining the benefits of breast milk. EBF also has significant advantages for mothers. It can help with postpartum weight loss, reduce the risk of certain types of cancer (such as breast and ovarian cancer), and may delay the

return of menstruation, which can act as a natural form of birth control. Additionally, the practice of EBF promotes bonding between mother and child. Despite these benefits, many mothers face challenges in maintaining EBF for the full six months.

These challenges can include societal pressures, lack of support, misconceptions about milk supply, and difficulties balancing breastfeeding with work or other responsibilities. As a result, public health initiatives often focus on educating and supporting mothers to encourage and facilitate exclusive breastfeeding. By 2025, approximately 50% of infants worldwide will have been exclusively breastfed. Albeit the paces of EBF for the beyond twenty years have been expanding, there is yet a drawn out, difficult experience to accomplishing the 100 percent worldwide objective inclusion suggested by UNICEF [2]. Generally, poor breastfeeding rehearses, especially elite breastfeeding had comprehensively recorded in agricultural nations, and just 6% of babies in non-industrial nations were never breastfed. Worldwide,

approximately 22 million of the 56 million infants whereas over 34 million children were not exclusively breastfed. Many of the kids in emerging nations who did not profit from selective breastfeeding dwelled in just 29 nations, according to previous research. Of these 29 nations, the 10 enormous nations including Ethiopia have 66% of the surmised quantities of non-solely breastfed youngsters [3].

Only half of Indonesia's 2.3 million infants under six months old are exclusively breastfed, or 52.5 percent, according to data from Basic Health Research (RISKESDAS) 2021. This is a 12% decrease from the 2019 figure. According to UNICEF Indonesia [4], the rate of early breastfeeding initiation (IMD) decreased from 58.2% in 2019 to 48.6% in that year. Misconceptions about milk supply and societal pressures hinder exclusive breastfeeding in Somalia. Many mothers wrongly believe they cannot produce sufficient milk for the first six months, while social stigma associates breastfeeding with premature aging. Additionally, peer pressure often encourages bottle-feeding [5]. The progress of selective breastfeeding for a long time can't be isolated from the help and job of the family, like guardians, parents-in-law, and particularly the help spouses as the need might arise to build their excitement in breastfeeding their children for as long as a half year. According to [6] Emotional support, information support, instrumental support, and appreciation are all components of family support. Support from the husband is one factor that has a significant impact on the mental state of the mother while she is breastfeeding.

A temperamental mother's mental condition and the absence of a spouse's help in elite breastfeeding can diminish selective bosom milk creation in moms [7]. Fathers play a crucial, often underestimated role in successful breastfeeding. When well informed and supportive, fathers can significantly increase the likelihood of mothers initiating and continuing breastfeeding, while enhancing the overall experience. Their support can take many forms: offering emotional encouragement, providing practical assistance with feeding and household tasks, ensuring the mother's proper nutrition and hydration, bonding with the baby through skin-to-skin contact, advocating for breastfeeding choices, educating themselves through classes, helping problem-solve breastfeeding challenges, and creating a supportive environment both at home and in public. By actively involving fathers in breastfeeding education and support, families can adopt a more collaborative approach to infant feeding, potentially leading to better outcomes for both mother and baby. This involvement not only strengthens the father-child bond but also contributes to a more equitable distribution of parenting responsibilities, underscoring the importance of comprehensive education programs designed specifically for fathers.

## **2. Materials and Methods**

Quantitative research used to find out how education affected a father's knowledge. Purposive sampling used as the method of sampling, and it was done in the Functioning Area of District X, Batam City, between March and May 2024, with a final sample size of 82 people. The populace in this study were forthcoming dads of pregnant women in the third trimester (32-40 weeks). A validated and reliable questionnaire in the form of a checklist sheet used as the instrument for the independent and dependent variables.

Then, complete information handling, univariate investigation, and bivariate examination [8].

## **3. Results and discussion**

### **3.1. Results**

According to the characteristics of the respondents, as shown in the frequency distribution table, Most of the people who responded are between the ages of 21 and 40, with 67 respondents (81,7 percent) working as private employees, 46 respondents (56,1 percent), 57 respondents (69,5 percent) having completed high school or vocational school, 34 respondents (40,5 percent) having more than one child, and 58 respondents (70,7 percent) living with a partner. In light of the information table subsequent to being given training in the exploratory gathering, there was an expansion in great information pre-test from 4 individuals to 19 individuals, moderate information from 26 individuals in the pre-test to 19 individuals in the post-test, and a decline in low information from 11 individuals to 3 individuals. The aftereffects of information in the benchmark group who were not given training didn't shows tremendous changes in the pre test and post test. The study compared knowledge levels between an experimental group, which received education, and a control group, which did not. In the experimental group, the mean prior knowledge score was 64.88 (SD = 9.453). After receiving education, their mean post-education knowledge score increased significantly to 78.05 (SD = 12.594).

This change was statistically significant ( $p < 0.001$ ), indicating a substantial improvement in knowledge following the educational intervention. The control group, which did not receive any educational intervention, showed minimal change. Their pre-test mean score was 65.24 (SD = 9.549), similar to the experimental group's initial score. The post-test mean score for the control group was 67.68 (SD = 8.299). While this small increase was also statistically significant ( $p < 0.001$ ), the practical significance is likely minimal compared to the experimental group's improvement. These results suggest that the educational intervention had a considerable positive impact on knowledge levels in the experimental group. The larger increase in mean score and wider standard deviation in the post-education results for the experimental group may indicate that while most participants benefited from the education, there was variability in how much individuals improved. In contrast, the control group's slight improvement might attributed to factors such as familiarity with the test format or natural learning over time. However, this improvement was markedly less than that observed in the experimental group.

### **3.2. Discussion**

From the aftereffects of the review, it found that the information on fathers in the trial gathering and control bunch before the schooling class led was not vastly different. The majority of fathers have common knowledge about breastfeeding and the role of fathers during the process. However, the majority of fathers still believe that fathers have little to do during the breastfeeding process because the process is only between the mother and the baby. A study conducted by [9] in Sweden showed that father are one of the main variables for breastfeeding results.

**Table 1.** Characteristics of respondent

<b>No</b>	<b>Characteristics</b>	<b>F</b>	<b>%</b>
1	<b>Age</b>		
	<20 year	7	8,5
	21 – 40 <u>year</u>	67	81,7
	>41 year	8	9,8
	<b>Total</b>	<b>82</b>	<b>100</b>
2	<b>Work</b>		
	Civil Servant	11	13,4
	Private-Employee	46	56,1
	Self-Employed	22	26,8
	Unemployed	3	3,7
	<b>Total</b>	<b>82</b>	<b>100</b>
3	<b>Education</b>		
	Primary School	13	15,9
	High School	57	69,5
	University	12	14,6
	<b>Total</b>	<b>82</b>	<b>100</b>
4	<b>Parity</b>		
	Primipara	28	34,1
	Multipara	51	62,2
	Grandepara	3	3,7
	<b>Total</b>	<b>82</b>	<b>100</b>
5	<b>Environment</b>		
	Living with a partner	58	70,7
	Living with Parents	24	29,3
	Living Apart Together (LAT)	0	0,0
	<b>Total</b>	<b>82</b>	<b>100</b>

**Table 2.** The influence of education on knowledge

Knowledge	Pre-Tes		Post-Tes	
	E1	K1	E1	K1
Good Knowledge	4	3	19	3
Moderate Knowledge	26	31	19	32
Low Knowledge	11	7	3	6
<b>Total</b>	41	41	41	41

**Table 3.** Bivariate analysis

Knowledge	Mean	SE	SD	p-value
<b>E1</b>				
Pre-Test	64,88	1,476	9,453	0,000
Post-Test	78,05	1,967	12,594	0,000
<b>K1</b>				
Pre-Test	65,24	1,491	9,549	0,000
Post-Test	67,68	1,296	8,299	0,000

Fathers and partners influence the decision to breastfeed a child, and the experience and duration of breastfeeding influenced by their support. The more a father knows about the benefits and management of breastfeeding, the more likely he is to influence its initiation and continuation [10]. Research led by [11] showed that positive dad support ascribed to breastfeeding relies upon fathers' information about breastfeeding: their mentalities towards breastfeeding. Their association with the dynamic cycle of breastfeeding: and their capacity to offer pragmatic and profound help to their accomplices, more significant contribution of fathers in the prosperity of their babies, particularly zeroing in on their essential job in breastfeeding support. Fathers' information on the significance of breastfeeding is still exceptionally low, in light of examination [12] it was presumed that in Turkey fathers are anxious to have their children breastfed yet can't impart their considerations to their spouses. Additionally, their lack of understanding of breastfeeding and lactation noted. A study of 60 fathers in the National Capital Region of India [13] found that the highest total father knowledge score (43 percent) was "average" and that there was a weak but significant positive correlation between father involvement and knowledge score. According to the findings of a Malaysian study [14] involving 200 respondents who were divided into two groups—exclusive breastfeeding and non-exclusive breastfeeding: fathers of infants who did not exclusively breastfeed had a lower average score (SD) of 72.9 (20.41) compared to 77.8 (20.06) for fathers of infants who exclusively breastfed.

The implementation of educational classes that target fathers as subjects in this implementation is one of the ongoing efforts to increase breastfeeding. It is trusted that expanding fathers' information about the significance of breastfeeding and the job that fathers can play during the breastfeeding system, can build the inspiration and certainty of moms to breastfeed their children. From the aftereffects of the concentrate in the benchmark group who were not given training, their degree of information didn't change at the hour of the pre-test and post-test, rather than the trial bunch who were given schooling, there were changes in information at the hour of the pre-test and post-test. Fathers receive an education that not only teaches them about the benefits of dairy but also teaches them how to care for newborns. Fathers who at first did not have any idea how to do childcare and were hesitant to do it turned out to be surer. They felt that they got data to channel questions that they had not had the option to ask, the data they had so far just acquired from web-based entertainment without having the option to investigate themselves in considering their children. They also knew from this education class that breastfeeding requires a little help and emotional support.

Tohotoa et al. [15] study concluded that 76 male respondents desired to participate in the parenting role and required information. They require a platform managed by health professionals who can assist them in absorbing and applying information and feeling confident and competent in their role as parents. This is in line with research done by [16], who found that health professionals should conduct breastfeeding training to get the most out of the support mothers and fathers receive for breastfeeding because of how important they are. As per [17] Backing from spouses can work on moms' discernment, inspiration, feelings, and

mentalities. During this time, husbands view themselves as mere observers of the exclusive breastfeeding process, even though their support influences mothers' attitudes and actions toward breastfeeding. The more noteworthy the help a mother gets from her better half to breastfeed, the higher the mother's capacity and readiness to breastfeed her child. Fathers' mental and useful help impacts breastfeeding inception and term [10-18], simultaneously going about as a certainty promoter for moms, who foster higher self-viability in the event that they feel upheld by their accomplice [19]. Although there are a variety of supportive actions [15], attention to the meaning of breastfeeding drives them [20].

#### 4. Conclusions

The study examined the impact of an educational intervention on knowledge levels in experimental and control groups. In the experimental group, the average pre-education knowledge score was 64.88 (SD = 9.453), which increased significantly to 78.05 (SD = 12.594) after the intervention. This change was statistically significant ( $p < 0.001$ ), indicating a substantial improvement in knowledge. The distribution of knowledge levels within the experimental group also shifted positively. Initially, only four participants demonstrated good knowledge, which increased to 19 post-intervention. The number of participants with moderate knowledge decreased slightly from 26 to 19, likely due to some moving into the 'good' category. The count of participants with low knowledge decreased from 11 pre-intervention, though the exact post-intervention number not specified. In contrast, the control group, which did not receive the educational intervention, showed minimal change in knowledge levels. Their pre-test average score was 65.24 (SD = 9.549), similar to the experimental group's initial score. The post-test average for the control group was 67.68 (SD = 8.299). While this small increase was also statistically significant ( $p < 0.001$ ), the practical significance is likely minimal compared to the experimental group's improvement. The narrower standard deviation in the control group's post-test results suggests less variability in scores compared to the experimental group's post-intervention results. This difference in variability might attributed to the diverse impact of the educational intervention on individual participants in the experimental group.

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