



The Effect of Exclusive Breastfeeding Education on Changes in Knowledge and Attitudes of Toddler Mothers

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ABSTRACT

Optimal breastfeeding practices contribute greatly to the quality of a child's growth and development. Breast milk is considered a golden feeding of nutrients in infants. Mothers have a big role in improving the quality of their children's health. This study aims to determine the effect of exclusive breastfeeding education on the knowledge and attitudes of mothers of toddlers in the working area of the Tiong Ohang Health Centre. The research is a quasi-experiment with a design with a two-group pretest and posttest approach conducted in July 2023 in the working area of the Tiong Ohang Health Center, East Kalimantan, Indonesia. The sample of this study was 36 under five mothers. The data is then collected and then analyzed with the Wilcoxon test. Results show that the effect of exclusive breastfeeding education using leaflet media on increasing knowledge of mothers under five ($p = 0.000$). There is an influence of exclusive breastfeeding education using brochure media on increasing the knowledge of mothers of toddlers ($p = 0.002$). There is an influence of exclusive breastfeeding education using leaflet media on changes in the attitudes of mothers under five ($p = 0.001$). There is no effect of exclusive breastfeeding education using brochure media on changes in the knowledge of mothers under five (0.132). Leaflet media is more effective to use than brochure media. This finding is empirical evidence that nutrition education is needed to continue to be encouraged, especially in remote areas.

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Introduction

Breast milk (BM) is the gold standard for infant nutrition, providing a unique and irreplaceable source of essential nutrients, antibodies, and other bioactive factors that support optimal growth, development, and immune function(1). In addition to essential nutrients (proteins, fats, carbohydrates, vitamins and minerals), BM also contains various immune cells and bioactive components that have anti-inflammatory, anti-infective, and probiotic actions(2). These include antimicrobial peptides (such as lysozyme, lactoferrin), cytokines, chemokines, immunoglobulins, for growth, oligosaccharides, glycoconjugates and fatty acids (3). The benefits of breast milk have been well-documented for both infant and maternal health. The World Health Organization (WHO) has recommended breast milk as a baby's main source of nutrition for the first 6 months of life(4). This should be maintained throughout infancy until early childhood or when the child is already 2 years old(5)

Breast milk is considered the gold standard of nutrition in infants. In addition to its nutritional benefits, breastfeeding is also known to reduce respiratory and digestive infections early in life, reduce the risk of non-communicable diseases including type 2 diabetes mellitus, overweight and childhood obesity and improve neurodevelopmental outcomes, especially in premature infants (6). Other evidence strongly reveals that breastfeeding reduces neonatal infection rates, it is also thought to have long-term health benefits by preventing hypertension, and even improving intellectual intelligence (IQ) (7). Breastfeeding is associated with improved infant health and immune development, fewer incidences of gastrointestinal disease and lower mortality rates than formula-fed infants (8)

Rates of exclusive breastfeeding vary in Economic Co-operation and Development countries or in non-economic Cooperation and Development countries, where mothers of low-income countries have higher rates of exclusive breastfeeding than mothers of high-income countries(9). Although most

mothers have the intention to breastfeed, only a few engage in exclusive breastfeeding until 6 months of age due to a lack of breastfeeding confidence or support of breastfeeding skills to deal with maternal or infant issues(4). Evidence shows that the rate of exclusive breastfeeding gradually declines from 48.5%-66.3% of mothers who practice exclusive breastfeeding at 1 month to only 37% in 6 months which are all below the WHO recommended rate of 50% (4). Recent studies reveal only 35% of babies worldwide are exclusively breastfed during the first 6 months(7).

In Indonesia, based on the 2018 Basic Health Research (Riskesdas) report, the percentage of children aged 0-5 months who get exclusive breastfeeding of 37.3% is still below the national minimum coverage rate of 80%. The lowest coverage is in West Nusa Tenggara Province at 20.3% and the highest coverage is in Bangka Belitung Province at 56.7% and East Kalimantan is in the top ten lowest in Indonesia at tenth with a percentage of 33%(10). Law number 36 of 2009 concerning Health article 128 paragraph 1 states that "every baby is entitled to exclusive breast milk from birth for 6 (six) months except for medical indications. In this context, the best food for children aged 0-6 months is breast milk, the World Health Organization WHO recommends that every child get food intake in the form of exclusive breastfeeding for 6 months. After the age of 6 months, new babies can be given complementary foods (MP-ASI) while still providing breast milk until at least 2 years old(11).

Based on the Profile of the East Kalimantan Provincial Health Office, the coverage of exclusive breastfeeding in 2019 was 78.5%. The coverage of breastfeeding for infants <6 months in East Kalimantan Province is 78.5%. Because there is still a lack of awareness of mothers breastfeeding their babies, advertisements in the mass media about formula milk also affect the willingness of mothers to breastfeed their babies (Profile of the East Kalimantan Health Office, 2020). The Fadliyyah review study (2019) in Indonesia revealed determinants that affect exclusive breastfeeding, including maternal parity (number of live births a mother has), mother's occupation, mother's knowledge, mother's attitude, mother's actions, family or husband support, education level, IMD (Early Breastfeeding Initiation), maternal age, health worker support, availability of lactation rooms at work, exposure to information, family income, environment, formula, and mother's psychological condition(12).

Breastfeeding education plays a crucial role in empowering mothers to make informed decisions about infant feeding and successfully initiate and sustain breastfeeding. By providing comprehensive knowledge and practical skills, breastfeeding education can help mothers overcome various challenges and achieve their breastfeeding goals. Specifically, it can educate mothers about the numerous benefits of exclusive breastfeeding, including optimal infant growth, development, and immunity, while addressing misconceptions and concerns related to formula milk. Additionally, breastfeeding education can guide mothers through proper latching techniques, positioning, and breastfeeding frequency, ensuring their babies receive adequate nourishment and comfort. Moreover, it can equip mothers with strategies for managing common breastfeeding challenges, such as sore nipples, engorgement, and milk supply concerns, fostering long-term breastfeeding success. In essence, breastfeeding education serves as an empowering tool, enabling mothers to confidently navigate the breastfeeding journey and provide their babies with the optimal start in life.

Researchers conducted questions and answers to parents of toddlers at 7 (seven) Integrated Healthcare Centers in the Tiong Ohang Health Centre area in August 2022 and found that only 1 baby who was still 3 months old received exclusive breastfeeding. Through this preliminary study, researchers concluded several causes of babies not getting breast milk, namely insufficient maternal knowledge about the importance of breastfeeding babies from 0-6 months and the mother's attitude that is indifferent to the importance of breastfeeding exclusively. In this case, supporting factors or educational media such as leaflets, banners, brochures and posters about exclusive breastfeeding information in Puskesmas Tiong Ohang, Long Apari District do not exist at all. This study aims to determine the effect of exclusive breastfeeding education on the knowledge and attitudes of mothers of toddlers in the working area of the Tiong Ohang Health Centre.

Methods

The research is a quasi-experiment with a two-group pretest and posttest approach. This research was carried out by giving a pretest or initial treatment first before later an intervention given in the form of exclusive breastfeeding education with the lecture method and leaflet media to the intervention group while brochure media was given to the control group which was then given a posttest or final observation. This research was conducted in July 2023 in the working area of the Tiong Ohang Health Center, Mahakam Ulu Regency, East Kalimantan, Indonesia.

The population in this study was all mothers who had toddlers aged 0-59 months in the working area of the Tiong Ohang Health Center, which had 265 toddlers. While the sample involved 36 people based on Federer's formula. Random sampling which researchers will randomly take mothers of

toddlers in the Tiong Ohang Health Center area by taking into account the inclusion and exclusion criteria and meeting the sample limit of 36 mothers under five. Inclusion criteria: samples can read and write, samples are willing to become respondents by filling out informed consent first, samples who have toddlers 0-59 months, samples are in good health, live in the Tiong Ohang Health Center area that can be reached. The exclusion criteria are the sample cannot read and write, the sample is not willing to be a respondent and does not fill out informed consent, the sample does not have a toddler 0-59 months, the sample lives outside the Tiong Ohang Health Center area and cannot be reached.

The independent variable in this study is Exclusive Breastfeeding Education using two media, namely leaflet media and brochure media. Media leaflets and media brochures containing exclusive breastfeeding include the definition of exclusive breastfeeding, benefits, composition, how to store good and correct breast milk and how babies get the right milk. The dependent variable is the Change in Knowledge and Attitude of Mothers of Toddlers in the Tiong Ohang Health Center area. Knowledge variables include the mother's understanding of exclusive breastfeeding according to the leaflets and brochures that have been distributed. While attitude variables include responses from exclusive breastfeeding education in leaflets and brochures that have been distributed.

Data analysis is carried out with the help of computer software using the SPSS 25 program. The data analysis used was univariate and bivariate. Univariate analysis was conducted to see the frequency and percentage distribution of each characteristic of mothers under five based on Age, Education and Occupation, Age of Pregnancy of the First Child, Smoking Status, Latrines and Water Sources, changes in Knowledge and Attitudes of Mothers of Toddlers (dependent variable) and Exclusive Breastfeeding Education (independent variable) as well as characteristics of toddlers based on Age, Sex, Child to-, Birth Weight, Exclusive Breastfeeding and Stunting Incidence.

Bivariate analysis was conducted to determine the influence of breastfeeding education using leaflet media on knowledge and attitudes and the influence of breastfeeding education using brochure media on knowledge and attitudes. The test used is the Wilcoxon test with a significance level of 0.05.

Ethical Clearance: Certificate Number with number DP.04.03/7.1/07883/2023 from the Health Research Ethics Commission of the Health Polytechnic, Ministry of Health, East Kalimantan.

Results

Based on table 1 shows the characteristics of the intervention group of toddler mothers and the control group based on age, it is known that most mothers of toddlers are equally in the age range of 26-35 years, namely 9 people (50%). As for education in both groups, it is known that most mothers under five have high school education 12 people (66.7%) and 9 people (50%). The work in both groups is known to be mostly mothers of toddlers who do not work, namely as Housewives, namely 12 people each (66.7%).

Table 1 Characteristics of Mothers of Toddlers

| Characteristic | Intervention | | Control | |
|-----------------------------------|--------------|-------|---------|------|
| | n = 18 | % | n = 18 | % |
| Age (years) | | | | |
| 15 - 25 | 8 | 44.4 | 8 | 44.4 |
| 26 - 35 | 9 | 50.0 | 9 | 50.0 |
| ≥ 36 | 1 | 5.6 | 1 | 5.6 |
| Education | | | | |
| Primary school | 1 | 5.6 | 1 | 5.6 |
| First Middle School | 3 | 16.7 | 7 | 38.9 |
| High School | 12 | 66.6 | 9 | 50.0 |
| College | 2 | 11.1 | 1 | 5.6 |
| Work | | | | |
| Farmer | 1 | 5.6 | 2 | 11.1 |
| Housewives | 12 | 66.7 | 12 | 66.7 |
| Honorary employees | 3 | 16.67 | 1 | 5.6 |
| Teacher | 1 | 5.6 | 2 | 11.1 |
| Self-employed | 1 | 5.6 | 1 | 5.6 |
| Age During First Pregnancy | | | | |
| ≤ 18 Years | 6 | 33.3 | 10 | 55.6 |
| ≥ 18 Years | 12 | 66.7 | 8 | 44.4 |
| Smoking Status | | | | |

| | | | | |
|---------------------------------|----|------|----|------|
| Smoke | 9 | 50.0 | 6 | 33.3 |
| No smoking | 8 | 44.4 | 10 | 55.6 |
| Weeding | 1 | 5.6 | 2 | 11.1 |
| Latrine Ownership | | | | |
| Exist | 16 | 88.8 | 17 | 94.4 |
| None | 2 | 11.1 | 1 | 5.6 |
| Water Source | | | | |
| Cooked | 7 | 38.9 | 7 | 38.9 |
| Refill/galore | 4 | 22.2 | 2 | 11.1 |
| Regional Drinking Water Company | 7 | 38.9 | 9 | 50.0 |

The age of pregnancy of the first child ≥ 18 years in the intervention group was 12 people (66.7%) while in the control group most of the ≤ 18 years were 10 people (55.6%). The smoking status in the intervention group was 9 people (50%) while in the control group most smoked 6 people (33.3%). The ownership of latrines in the intervention group was 2 people (11.1) while in the control group, 1 person (5.6%) did not have latrines. Finally, water sources in the intervention group mostly used PDAMs, namely 7 people (38.9%) and in the control group 9 people (50%).

Table 2 of toddler characteristics shows that based on age in the intervention group, it is known that most toddlers are in the age range of 37-59 months, namely 6 toddlers (33.3%) and in the control group aged 12-23, namely 8 toddlers (44.4). Based on sex, in the intervention group, it is known that most of the toddlers were female as many as 10 toddlers (55.6%) and in the control group were 8 toddlers (44.4%). Based on birth order in the intervention group, it is known that most of the first-child toddlers were 10 toddlers (55.6%) and in the control group were 8 toddlers (44.4%). Toddlers born with low birth weight in the intervention group were 1 toddler (5.6%) while in the control group, there were 2 toddlers (11.1%). Based on exclusive breastfeeding, no toddlers had ever been breastfed exclusively in both groups and based on the incidence of stunting in the intervention group, namely 8 toddlers (44.4%) while in the control group, there were 4 toddlers (22.2%).

Table 2 Characteristics of Toddlers

| Characteristic | Intervention | | Control | |
|--------------------------------|--------------|------|---------|------|
| | n = 18 | % | n = 18 | % |
| Age (years) | | | | |
| 0-6 | 2 | 11.1 | 2 | 11.1 |
| 7-11 | 1 | 5.6 | 3 | 16.7 |
| 12-23 | 3 | 16.7 | 8 | 44.4 |
| 24-36 | 6 | 33.3 | 2 | 11.1 |
| 37-59 | 6 | 33.3 | 3 | 16.7 |
| Gender | | | | |
| Man | 8 | 44.4 | 10 | 55.6 |
| Woman | 10 | 55.6 | 8 | 44.4 |
| Child to | | | | |
| 1 | 10 | 55.6 | 8 | 44.4 |
| 2 | 4 | 22.2 | 6 | 33.3 |
| 3 | 4 | 22.2 | 2 | 11.1 |
| 4 | 0 | 0 | 1 | 5.6 |
| 5 | 0 | 0 | 1 | 5.6 |
| Birth Weight | | | | |
| ≤ 2500 | 17 | 94.4 | 16 | 88.9 |
| ≥ 2500 | 1 | 5.6 | 2 | 11.1 |
| Exclusive Breastfeeding | | | | |
| Exclusive | 0 | 0 | 0 | 0 |
| Non-Exclusive | 18 | 100 | 18 | 100 |
| Stunting Incident | | | | |
| Stunting | 8 | 44.4 | 4 | 22.2 |
| Normal | 10 | 55.6 | 14 | 77.8 |

Table 3 illustrates the average score in the intervention group (leaflet group) showing a pretest of knowledge of mothers under five of 53.61 with a maximum score of 75 and a minimum score of 30. The average posttest score of knowledge of mothers of toddlers after being given media leaflet intervention increased to 85.56 with a maximum score of 100 and a minimum score of 65. The control group (brochure group) showed an average pretest score of knowledge for mothers under five of 60.83 with a maximum score of 85 and a minimum score of 45. The average posttest score of knowledge of toddler mothers after being given brochure media increased to 73.33 with a maximum score of 100 and a minimum score of 35.

Attitudes in the intervention group (leaflet group) showed an average pretest score of 62.78 with a maximum score of 73 and a minimum score of 55. The average posttest score of knowledge of mothers of toddlers after being given media leaflet intervention increased to 69.17 with a maximum score of 80 and a minimum score of 58. While the control group (brochure group) showed an average pretest score of 63.94 with a maximum score of 77 and a minimum score of 49. The average posttest score of the attitude of mothers of toddlers after being given media brochures increased to 65.83 with a maximum score of 78 and a minimum score of 51.

Table 3 Variable Distribution

| Variable Distribution | Intervention Group (n=18) | | | | Control Group (n=18) | | | |
|-----------------------|---------------------------|-----------|-------|--------|----------------------|-----------|-------|--------|
| | Min Score | Max Score | Mean | SD | Min Score | Max Score | Mean | SD |
| Knowledge | | | | | | | | |
| Before | 30 | 75 | 53.61 | 12.103 | 45 | 85 | 60.83 | 10.467 |
| After | 65 | 100 | 85.56 | 9.532 | 35 | 100 | 73.33 | 15.243 |
| Attitude | | | | | | | | |
| Before | 55 | 73 | 62.78 | 4.466 | 49 | 77 | 63.94 | 7.863 |
| After | 58 | 80 | 69.17 | 6.905 | 51 | 78 | 65.83 | 7.853 |

Table 4 shows in the intervention group the results of Wilcoxon's non-parametric statistical test analysis on pretest and post-test knowledge scores showed p values = 0.000, meaning Ha was accepted and Ho was rejected. There is an influence of exclusive breastfeeding education using leaflet media on changes in the knowledge of mothers of toddlers. While the control group showed the results of Wilcoxon's non-parametric statistical test analysis on the pretest and posttest knowledge scores, p-value = 0.002, which means Ha was accepted and Ho was rejected. There is an influence of exclusive breastfeeding education using brochure media on changes in the knowledge of mothers of toddlers. While the attitude in the intervention group is known, the results of Wilcoxon's non-parametric statistical test analysis on pretest and posttest attitude scores show a value of p = 0.001, which means that there is an influence of exclusive breastfeeding education using brochure media on changes in attitudes of mothers under five. The control group showed the results of Wilcoxon's non-parametric statistical test analysis on pretest and posttest attitude scores showing p value = 0.132. Ha is rejected and Ho is accepted. This means that there is no influence of exclusive breastfeeding education using brochure media on changes in the attitudes of mothers of toddlers.

Table 4 Influence between Variables

| Variable | Intervention Group (n=18) | | | Control Group (n=18) | | |
|------------------|---------------------------|---------------|-------|-----------------------|----------------|-------|
| | Mean ± Std. Deviation | | | Mean ± Std. Deviation | | |
| | Pre Test | Post Test | p | Pre Test | Post Test | p |
| Knowledge | 53.61 ± 12.103 | 85.56 ± 9.532 | 0.000 | 60.83 ± 10.467 | 73.33 ± 15.243 | 0.002 |
| Attitude | 62.78 ± 4.466 | 69.17 ± 6.905 | 0.001 | 63.94 ± 7,863 | 65.83 ± 7.853 | 0.132 |

Discussion

Exclusive Breastfeeding Education Using Leaflet Media on Knowledge

Sensing occurs through the five human senses, namely smell, sight, hearing and touch(13). The knowledge referred to in this study is the result of knowing respondents after education, both the intervention group using leaflet media and the control group using brochures. The knowledge assessed

includes the definition of exclusive breastfeeding, its benefits, composition, how to store breast milk properly and correctly and how babies get the right milk. The results of the study on the media leaflet intervention group using the Wilcoxon test on pretest and posttest knowledge scores showed a value of $p = 0.000$, which means H_a was accepted and H_o was rejected. There is an influence of exclusive breastfeeding education using leaflet media on changes in the knowledge of mothers of toddlers. The results of this study are in line with the study of Eka Wardani and Sulastris (2023) which shows a change in knowledge of pregnant women after nutrition education using leaflet media (14).

The leaflet is a health promotion media tool to increase message acceptance. A leaflet is a folded paper containing information in sentences, pictures, or both (sentences and pictures). Leaflets as media or visual aids that can improve learning outcomes compared to learning without media assistance at all(15). The results of this study were corroborated by a descriptive picture of knowledge variables in the intervention group. If you reflect on the results, it is very clear that there is an increase in pre-test knowledge (53.61) to 85.56 after the post-test. Nutrition education can increase mothers' knowledge about nutrition(16).

Of the 20 questions from the questionnaire, the average mother of toddlers answered the question about "early initiation of breastfeeding" and the question "How long does early initiation of breastfeeding (IMD)?" Because at the time of giving birth to mothers toddlers never do IMD for more than 5-10 minutes and babies are usually bathed immediately after birth even though it was placed on the mother's chest but not more than 5-10 minutes. Most mothers of toddlers are also wrong in answering the questions "How to breastfeed properly and correctly?", the question "How to attach the baby's mouth?", the question "Signs the baby is breastfeeding properly?", the question "How do working mothers keep breastfeeding their babies?". All mothers of toddlers have never received counselling or education related to exclusive breastfeeding and have never given their babies using spoons or glasses because they are used to using pacifier bottles or pacifiers. However, after education using leaflet media, mothers already understand how good and correct parenting is for children. These findings demonstrate the effectiveness of leaflet media.

In addition, we also observed the enthusiasm of mothers of toddlers during this study, it was clear that they were active, asking each other exploring problems and finding solutions to wrong lifestyles so far. These findings are in line with the study of Mohammed et al. (2023) that there is support and self-motivation towards the realization of exclusive breastfeeding in infants(17). This leaflet has the advantage of being able to convey understanding or information more concretely, rather than being conveyed only with spoken words without any aids in delivering information to mothers of toddlers. Educational media is very deep in the learning process. Besides being able to increase motivation, educational media can also help increase mothers' understanding of the material that has been delivered. This finding is in line with previous research that suggested differences in pre-test and post-test scores after education using leaflet media (18).

In addition, we also found the average education status of respondents was high, namely upper middle school graduates. The level of education affects the breadth of one's knowledge. This research is in line with Laksono et al. (2021) which states that mothers with high school education are 1,177 times more likely to do exclusive breastfeeding compared to mothers who do not have a history of education (19). Finally, we also observed good respondents' memory, so that what had been conveyed before the post-test could be applied properly. Good memory or absorption gives a positive value to post-test results or affects educational success (21). This nutritional education media can help stimulate the sense of the eye (vision) during the education process. Knowledge is the initial capital of a mother who is used to provide adequate nurturing to her children(22).

Exclusive Breastfeeding Education Using Brochure Media on Knowledge

We used brochure media in the control group. Brochure media is the delivery of messages using short words with explanations equipped with image illustrations. A brochure is a non-periodical issue that is not hardbound, complete (in one issue) and has at least 5 pages(23). The results of the study using the Wilcoxon test on the pretest and posttest knowledge scores showed a p -value = 0.002 which means H_a was accepted and H_o was rejected. There is an influence of exclusive breastfeeding education using brochure media on changes in the knowledge of mothers of toddlers. This research is in line with the research of Iqbal, Fazri, and Gusti (2022) in Sijunjung that there are differences in knowledge of couples of childbearing age after education using brochure media(23).

This finding was corroborated by the results of the description between the two groups in the control group the value before the pre-test was 60.83 and after education using brochures, the post-test results rose to 73.33. In addition, we found that the average maternal age in the control group was dominated at the age of 23 years. This age is a productive age for toddler mothers to find out the concept

of good parenting, and this triggers a sense of enthusiasm and attention in the control group during this study. A person's enthusiasm will affect his learning pattern to increase his knowledge(24).

We observed that the control group showed approximately the same results as the intervention group, namely from 20 questions from the questionnaire, the average mother of toddlers incorrectly answered the question "related to colostrum, early breastfeeding initiation, how long is early breastfeeding initiation (IMD, benefits of breastfeeding for mothers, good and correct breastfeeding methods, how to attach the baby's mouth, signs of breastfeeding correctly. This hail is based on the fact that all mothers of toddlers have never received counselling or education related to exclusive breastfeeding and have never given their babies and do not even know how to use spoons or glasses in giving milk to their babies because they are used to using pacifier bottles or pacifiers. Mothers of toddlers also do not know the benefits of breastfeeding for mothers.

Leaflet and brochure media are media that contain information about exclusive breastfeeding. The contents contained in these media are all the same. Leaflets and Brochures explain the information contained in detail using interesting words and display it with picture illustrations, have an attractive appearance and have full authority to convey information [(23). In this study, we concluded that the use of leaflet media has more influence on changes in knowledge as shown in higher post-test scores on leaflet media. However, these two media are equally good for education as seen in the p-value. Our findings suggest that the increase in knowledge was higher in the intervention group than in the control group. These findings are in line with the study of Mitra et al. (2020) which shows something similar(16)

Exclusive Breastfeeding Education Using Leaflet Media on Attitudes

Attitude is a term that reflects a sense of pleasure, displeasure or mediocre (neutral) feelings of a person towards something, in the form of an attitude towards objects, events, situations of people or groups(26). The attitude of mothers who are assessed is based on responses related to exclusive breastfeeding after education. The results of the study in the intervention group were known to use the Wilcoxon test on pretest and posttest attitude scores showing a value of $p = 0.001$ which means there is an influence of exclusive breastfeeding education using leaflet media on changes in attitudes of mothers under five. The results of this study are in line with the study of Sumarni, Azzahroh, and Suprihatin (2023) in Bogor which shows the influence of education using leaflet media on changes in maternal attitudes (27).

This result is corroborated by the description of the variable which shows a pre-test value of 62.78 and after education rises to 69.17. Intervention in the form of counselling can affect the improvement of a person's attitude towards something(27). Our strongest finding was the influence of knowledge after nutrition education using leaflet media. Knowledge or cognitive is a very important domain factor for the formation of one's attitudes and actions, attitudes and behaviours based on knowledge will be more lasting than attitudes and behaviours that are not based on knowledge before people adopt new attitudes and behaviours (new behaviours) in a person(28). The existence of this information can help increase respondents' knowledge about exclusive breastfeeding, after respondents "know" the next process is to assess or behave towards the stimulus given to change the respondent's attitude to positive (accepting).

Knowledge is the result of knowing someone after sensing an object, this will affect the attitude that will arise, positive or negative (29). Attitude is a person's tendency to act, in the form of a closed response to a certain stimulus or object. Attitude is not an action or activity, but a tendency to perform actions or behaviours. Health education through exclusive breastfeeding education methods has a positive impact on improving respondents' attitudes(30). There is also the possibility that existing attitudes are formed due to socio-cultural factors in the environment(27).

Exclusive Breastfeeding Education Using Brochure Media on Attitudes

The results showed that the control group using brochure media with the Wilcoxon test on pretest and posttest attitude scores showed a p -value = 0.132. H_a is rejected and H_o is accepted. This means that there is no influence of exclusive breastfeeding education using brochure media on changes in the attitudes of mothers of toddlers. The results of this study are in line with the study of Sutriani, Muhammad Khidri Alwi (2021) who stated that there was no difference in the influence of education using leaflet media on maternal attitudes after being given intervention(28). The results of the study that did not have significant value were corroborated by the distribution of variables in the control group before education, the value of maternal attitudes was 63.94 and after education increased to 65.83. This increase is not very significant.

The purpose of this education is to increase the knowledge and attitudes of mothers of toddlers about the benefits of breast milk, sources of breast milk, and the urgency of breast milk for children's

growth and development. The use of educational media using brochures to increase knowledge has been proven in this study. With increasing knowledge supported by a supportive attitude, but in research it is shown that attitude variables do not have significant value. We conclude in this case it can be said that brochure media is a medium of delivering messages that cannot affect the occurrence of attitude changes in toddler mothers, one of the causes is that during the research respondents, namely toddler mothers, were only given brochures to be read to completion but were not given lectures or questions and answers during the study. Education or counselling also still needs to be provided on an ongoing basis to get significant changes and cannot be given only once and in a short time, for example in this study.

Factors that influence attitudes are mass media as a means of communication of various forms of mass media that have a major influence in shaping public opinion and beliefs. The existence of new information about something provides a foundation for new cognitive thinking to shape attitudes towards it. If it is strong enough, it will provide basic adequacy in judging something so that a confident attitude becomes formed (31). A media can be said to be effective if the media facilitates the smooth delivery of information and media selection in conveying the message made by the communicator can be received by the communicant clearly, so that the intention of the communicator can be achieved. Brochures have different abilities in stimulating the sensing of organisms. However, leaflet and brochure media are equally emphasized for the improvement of cognitive aspects, affective aspects and psychomotor targets(23).

Conclusion

The effectiveness of exclusive breastfeeding education using leaflet and brochure media in increasing knowledge, changing attitudes, and influencing mothers' actions highlights the importance of incorporating these educational approaches into breastfeeding promotion strategies. However, further research is needed to explore the effectiveness of alternative educational media, such as videos, social media platforms, and interactive online resources, in reaching a wider audience and catering to diverse learning preferences.

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