

The Relationship between Mother's Readiness and Motivation for Exclusive Breastfeeding in Semarang Regency

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Abstract: Exclusive breastfeeding coverage in Semarang Regency Semarang Regency is in 5th place with the lowest exclusive breastfeeding coverage of 56.5% (Semarang Regency Health Office, 2022). One of the reasons for the low rate of exclusive breastfeeding is due to the failure of mothers to breastfeed their babies due to a lack of readiness and motivation of mothers. Mother's readiness in exclusive breastfeeding includes physical readiness and psychological mental readiness. To determine the relationship between maternal readiness and maternal motivation to give exclusive breastfeeding in the Semarang Regency area. This study used a *cross sectional approach*. This study uses a questionnaire instrument regarding the readiness of pregnant women in providing exclusive breastfeeding with a total of 21 items of questions about physical and mental readiness and motivation questionnaire. The population of this study is primigravida pregnant women in the third trimester in the Semarang Regency Health Office Work Area, which totals 56 people from 5 health centers with the lowest coverage, namely Dadapayam Health Center, Ambarawa Health Center, Bawen Health Center, Bergas Health Center, and East Ungaran Health Center in December 2023. Sample selection using *Purposive sampling*. Univariate analysis uses frequency distribution and bivariate uses *Chi-square test*. The results of the study showed that the number of respondents who were ready to give exclusive breastfeeding was 29 people (51.7%) and 27 respondents who were not ready (48.2%). Good motivation was 26 (46.6%), Sufficient as many as 25 respondents (44.6%) and less than 5 respondents (10%). The *Chi-Square test* showed a $p\text{ value} = 0.001 < \alpha (0.05)$ that there was a relationship between breastfeeding readiness and motivation to give exclusive breastfeeding in the Semarang Regency area. There is a relationship between breastfeeding readiness and motivation to give exclusive breastfeeding in Semarang Regency area.

Keywords: Breastfeeding Readiness; Motivation; Exclusive Breastfeeding

INTRODUCTION

Breast milk is the best and irreplaceable nutritional option for infants as it contains a variety of nutrients and nutrients that support optimal growth and development. Exclusive breastfeeding is the practice of providing full and uninterrupted breast milk without

complementary foods and beverages, including medicines, from the first day of a baby's life until 6 months. Indonesia's breastfeeding coverage in 2022 was 67.96%, down from 69.7% in 2021 (Unicef & Who, 2023) and Semarang Regency ranked 5th with the lowest exclusive breastfeeding coverage at 56.5% (Dinas Kesehatan Kabupaten Semarang, 2022). The rate of early breastfeeding initiation (IMD) also dropped from 58.2% in 2019 to 48.6% in 2021. Understanding the importance of breastfeeding and its benefits, the government has issued regulation No. 33 of 2012 on exclusive breastfeeding. The regulation explains that every baby has the right to receive breast milk, unless there is a medical indication that causes the mother to be unable to breastfeed or the baby is not cared for. Exclusive breastfeeding reduces the risk of obesity, allergies, diabetes, and asthma (Nasir, 2024). It is associated with preventing stunting, a critical problem in child growth (Aristin et al., 2024), supporting infant health and development (Luh Mertasari et al., 2023), protecting against early puberty by reducing the risk of obesity (Teddy Tjahyanto, et al., 2023), the nutrients in breast milk are essential for brain development, and improving cognitive function in early childhood (Suryati, 2023).

Primigravida mothers who are experiencing pregnancy for the first time will experience breastfeeding their babies for the first time. Mothers may not have sufficient knowledge about natural breastfeeding with breast milk and the importance of breastfeeding for growth and development in their future babies (Hastuti et al., 2024). This study highlights several important factors that influence breastfeeding practices and integrates maternal knowledge, breastfeeding readiness, motivation, and health education, providing a comprehensive understanding of the dynamics of exclusive breastfeeding. Based on previous research, the majority of mothers who are not ready to breastfeed will find it difficult to adapt to breastfeeding their babies. This attitude of the mother has an impact on the baby because the baby's right to get breast milk as the best nutrition cannot be fulfilled (Hastuti et al., 2024). According to (Alrowais et al., 2023), educational programs recommended to improve breastfeeding readiness among primigravida mothers in Riyadh province showed low knowledge (37.8%) and negative attitudes (94.1%) towards breastfeeding.

Preparing for breastfeeding during pregnancy is very important because with proper preparation, a mother will be more physically and mentally prepared to breastfeed her baby. This preparation includes increased knowledge, motivation and psychological support to prepare for mental health, as well as health services to ensure the mother's physical condition is optimal. By preparing well, a mother will feel more confident and ready to exclusively breastfeed her baby. The physical readiness aspect involves evaluating the condition of the breasts, especially the nipples,

and monitoring the mother's nutrition. Meanwhile, mental readiness can be seen from the positive attitude and decisions made by the mother regarding breastfeeding, as well as awareness of her responsibility to provide breast milk, which can begin during pregnancy or even before pregnancy to ensure readiness to meet the needs of breastfeeding. The antibodies in breast milk play an important role in supporting the body's immune system so that infants with exclusive breast milk intake tend to have better resistance to disease and a reduced risk of infection in their digestive system (Prautami et al., 2023).

The readiness of primigravida mothers in breastfeeding varies, it can be noted from the level of determination possessed by the mother. This is because a strong level of determination in a mother is a determining factor in the success of breastfeeding. When good intentions are focused on a positive goal, this can positively affect breastfeeding outcomes. The same is true in the context of breastfeeding where strong and positive intentions can influence positive outcomes (Lentina et al., 2021). Other factors that influence exclusive breastfeeding include education, knowledge, motivation, employment status, exposure to formula promotion, and support to mothers. Maternal motivation is one of the most important factors in the success of exclusive breastfeeding, this is according to research (Sekarsari et al., 2024), (Sun et al., 2023). Motivation was identified as a key determinant of exclusive breastfeeding success. Research shows that high levels of motivation among mothers lead to better breastfeeding outcomes, with a significant association (p -value = 0.004) (Prima yanti et al., 2023).

The relationship between pregnant women's motivation and maternal readiness to breastfeed is significant, as evidenced by providing supportive education to pregnant women in their third trimester has been shown to increase their readiness to breastfeed from 33.8% to 69.4% (Anggraini et al., 2022). Preparing for early breastfeeding well has a relationship with the success of exclusive breastfeeding. Research by (Lentina et al., 2021).with the title of the effect of maternal readiness on breastfeeding success shows that the category of maternal readiness, whether ready or not ready, respondents tend to succeed in providing exclusive breastfeeding. While most of the 81% respondents who had breastfeeding readiness succeeded in breastfeeding their babies exclusively by producing a p value of 0.05 so it can be concluded that there is a significant relationship between maternal readiness and breastfeeding success.

METHODS

This study used a quantitative method with a cross sectional approach. This study used a questionnaire instrument regarding the readiness of pregnant women in providing exclusive

breastfeeding with a total of 21 question items regarding physical and mental readiness. The population of this study were primigravida pregnant women in the third trimester in the Semarang Regency Health Office Working Area, totaling 56 people from 5 health centers with the lowest coverage, namely Dadapayam Health Center, Ambarawa Health Center, bawen Health Center, Bergas Health Center, East Ungaran Health Center in June-December 2023. Sample selection using purposive sampling. Inclusion criteria were first-time pregnant women, aged 18-25 years, living in Semarang district. Univariate analysis using frequency distribution and bivariate using Chi-square test and data processing with SPSS 26.

Underage (<20 years old)1832.1 Healthy reproductive age (21-35 years old)3677.9Total 56100 Gestational age 27-30 weeks1425 31-35 weeks2442.8 36-40 weeks1832.1Total 56100 Education Low1119.6 Medium2646.4 High1933.9 Total 56100 Employment Working2544,6 Not Working3155,4Total56100 Most of the pregnant women respondents in this study who were at a healthy reproductive age were 36 people (77.9%), most of the respondents had a gestational age of 31 - 35 weeks as many as 24 people (42.8%), most of the respondents had a moderate educational background as many as 26 people (46.4%), most of the respondents worked as many as 31 people (55.3%).

RESULTS AND DISCUSSION

A. Characteristics of Respondents

Characteristics of Respondents	Number	Percentage (%)
Age		
Underage (<20 years old)	18	32,1
Healthy reproductive age (21-35 years old)	36	77,9
Total	56	100
Gestational		
27-30 weeks	14	25
31-35 weeks	24	42,8
36-40 weeks	18	32,1
Total	56	100
Education		
Low	11	19,6
Medium	26	46,4
High	19	33,9
Total	56	100
Work		
Employee	25	44,6
Unemployee	31	55,4

Total	56	100
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Most of the respondents in this study were at a healthy reproductive age of 36 people (77.9%), most of the respondents had a gestational age of 31 – 35 weeks, which was 24 people (42.8%), most of the respondents had a moderate education background as many as 26 people (46.4%), most of the respondents employed as many as 31 people (55.3%).

B. Univariate Analysis

Overview of the Readiness of Pregnant Women in the Third Trimester in Exclusive Breastfeeding in the Semarang Regency Area.

Table 1. Overview of the Readiness of Pregnant Women in the Third Trimester in Exclusive Breastfeeding in Semarang Regency.

Readiness	Frekuensi	Percentage (%)
Not Ready	27	48,2%
Ready	29	51,7%
Total	56	100%

The results of the study are shown in Table 1 above regarding the frequency distribution of readiness of pregnant women in the third trimester in breastfeeding their babies in the Semarang Regency area, namely the number of respondents who are ready to give exclusive breastfeeding as many as 29 people (51.7%) and 27 respondents who are not ready (48.2%).

Respondents who have the readiness to give exclusive breastfeeding because the majority of mothers work so that they can exchange experiences and knowledge related to exclusive breastfeeding so that this can increase the confidence of breastfeeding mothers in providing exclusive breastfeeding. This is in accordance with the results of the study (Sekarsari et al., 2024) who chose to require mental readiness to give exclusive breastfeeding to their babies in the future, there were 39 people (73.6%), while those who chose not to require mental readiness to provide exclusive breastfeeding were 14 people (26.4%) because the mother's experience was previous, namely pregnant women in the work area of the Pancur Batu health center were not the birth of their first child, so that the mother's mental readiness was better prepared to give her breast milk later.

2. Overview of Physical Readiness of Pregnant Women in the Third Trimester in Exclusive Breastfeeding in Semarang Regency

Table 2 Distribution of Frequency of Physical Readiness of Pregnant Women in the Third Trimester Exclusive Breastfeeding in the Semarang Regency Area.

Physical Readiness	Frekuensi	Percentage (%)
Not Ready	27	48%
Ready	29	51%
Total	56	100%

The results of the study are shown in Table 2 above regarding the frequency distribution of physical readiness of pregnant women in the third trimester of Exclusive Breastfeeding in the Semarang Regency Area, the results are the number of respondents who have physical readiness to give Exclusive Breastfeeding as many as 27 people (48%), while respondents who are not physically ready to give Exclusive Breastfeeding are 29 people (51%).

The physical readiness of a breastfeeding mother includes various dimensions, health literacy, and physical fitness. This research ensures breastfeeding success and overall maternal well-being. The aspect of physical readiness involves evaluating the physical condition of the mother, body, breasts, nipples, abdomen, perinium and genetic wounds, rest, activities and monitoring of maternal nutrition. The physical readiness of a pregnant woman significantly affects the well-being of the fetus. Changes such as abdominal enlargement, hiperpigmentasi, And the release of colostrum is a common physical aspect during pregnancy. Mothers who have physical fitness tend to be able to breastfeed their babies well (Naiire Salmani, 2024).

3. Overview of Psychological Mental Readiness of Pregnant Women in the Third Trimester Exclusive Breastfeeding in the Gas Health Center Area.

Table 3. Distribution of Frequency of Psychological Mental Readiness of Pregnant Women in the Third Trimester in Exclusive Breastfeeding in the Semarang Regency Area.

Psychological Readiness	Frequency	Percentage
Not Ready	31	55,4%
Ready	25	44,6%
Total	56	100%

The results of the study are shown in Table 3 above regarding the frequency distribution of psychological mental readiness of pregnant women in the third trimester in providing exclusive breastfeeding to their babies in the Semarang Regency area, namely the number of respondents who are psychologically ready as many as 31 people (55.4%), while the respondents who are not psychologically ready for breastfeeding are 25 people (44.6%).

Psychological readiness in breastfeeding mothers is essential for the well-being of mothers and babies. This includes emotional stability, knowledge about breastfeeding, and strategies for overcoming the challenges of motherhood. Psychological readiness significantly affects the mother's ability to cope with labor and postpartum challenges. Educational programs can reduce fear and anxiety, improving overall psychological health (Marbun & Irnawati, 2023). Psychological readiness plays an important role in successful breastfeeding, influencing initiation and duration. Mothers with good emotional and psychological state significantly influence their ability to breastfeed, especially in certain challenging circumstances such as admission of an infant in the neonatal intensive care unit (NICU) (Murty & Anjani, 2022).

4. Overview of the motivation of Pregnant Women in the third trimester in exclusive breastfeeding in Semarang Regency Area.

Table 4 Distribution of Motivation Frequency of Pregnant Women in the Second Trimester in Exclusive Breastfeeding in Semarang Regency.

Motivation	Frequency	Percentage (%)
Good	26	46,4
Moderate	25	44,6
Less	5	10
Total	56	100

The results of the study are shown in Table 4 above regarding the distribution of motivation frequency of pregnant women in the third trimester in giving exclusive breastfeeding to their babies in the Semarang Regency area, namely the number of respondents with good motivation as many as 26 (46.6%), sufficient motivation as many as 25 respondents (44.6%) and low motivation as many as 5 respondents (10%).

Research shows that a mother's attitude and motivation are directly related to the success of exclusive breastfeeding. A study found a strong correlation between these factors, with a p value of 0.000, suggesting that motivated mothers are more likely to succeed in breastfeeding (Corniwati et al., 2023). This is also in line with research (Hidayati et al., 2019) that motivation is significantly related to the success of exclusive breastfeeding among mothers working in companies in Bantul Regency, with good motivation increasing the likelihood of exclusive breastfeeding.

5. The relationship between breastfeeding readiness of pregnant women in the third trimester and motivation for giving Exclusive Breastfeeding in the Semarang Regency Area.

Table 5. The relationship between the readiness of pregnant women in the third trimester and the motivation for exclusive breastfeeding in the Semarang Regency area.

Motivation	Breastfeeding Readiness				N	%	P Value
	Not Ready		Ready				
	N	%	N	%			
Good	2	7,7%	24	92,3%	26	100	,001
Moderate	6	33,3 %	12	66,7%	18	100	
Less	8	58,4%	5	41,6%	12	100	
Total	16	28,5%	40	71,4%	56	100	

Based on table 5 above, out of 26 respondents who have breastfeeding readiness, the ready category is well motivated with a total of 24 respondents (92.3%) and 2 respondents (7.7%) in the unprepared category. Of the 18 respondents with breastfeeding readiness in the ready category with sufficient motivation, 12 respondents (66.7%) and breastfeeding readiness in the unprepared category with sufficient motivation as many as 6 respondents (33.3%) and breastfeeding readiness in the ready category with less motivation as many as 5 people (41.6%) and breastfeeding readiness in the unprepared category with less motivation as many as 8 respondents (58.4%). The Chi-Square test showed a p value = 0.001 < α (0.05) that there was a relationship between breastfeeding readiness and motivation to give exclusive breastfeeding in the Semarang Regency area.

Preparation for breastfeeding during pregnancy is a very important aspect, and mothers who prepare it from the beginning will be better prepared to breastfeed their babies. Readiness is defined as a condition in which a person has reached a certain stage or has physical, psychological, spiritual, and skill maturity. Readiness reflects a person's competence, indicating that the person has sufficient readiness to perform a particular action. Mother's readiness to provide exclusive breastfeeding is influenced by a number of factors, including internal and external factors. Internal factors include knowledge, education level, attitude, maternal anatomical/physical condition, and baby condition. On the other hand, external factors involve aspects of work, family support, socio-cultural factors (tradition), and the role of health workers (Mulyani, 2017), There is a positive correlation between breastfeeding motivation and healthcare support (Snieguole Kaseliene, 2023), Breastfeeding readiness is influenced by motivation, as per self-determination theory. Autonomous

motivation is positively correlated with maternal well-being, while controlled motivation is associated with distress and lower self-efficacy ((Kestler-Peleg et al., 2015). It is important to note that preparations for breastfeeding are carried out not only during pregnancy, but even before pregnancy. A mother can prepare for it in various ways, such as communicating with her husband and family to get support in providing exclusive breastfeeding. In addition, sharing experiences with other mothers who have breastfed and seeking information from various sources, including print media, electronic media, and social networks, can also help in understanding things related to exclusive breastfeeding success. Knowledge about lactation management among third trimester pregnant women correlated with a higher readiness to exclusively breastfeed, with a p value of 0.000 indicating a strong association (Liani et al., 2023), (Lentina et al., 2021).

This mother's readiness is due to the support and knowledge that is ready for exclusive breastfeeding. The existence of mothers who are not ready to breastfeed shows the need for motivation and assistance by health workers. By providing adequate motivation and assistance, mothers can better prepare themselves to breastfeed exclusively to their children. This includes providing comprehensive information, emotional support, and practical guidance to help mothers feel more confident and prepared to face the challenges of breastfeeding (Anggraini et al., 2022). Thus, collaboration between mothers and trained health workers can be key in improving maternal readiness to provide exclusive breastfeeding (Mallick et al., 2020)

CONCLUSION

The results of the study showed that the number of respondents who were ready to give exclusive breastfeeding was 29 people (51.7%) and 27 respondents (48.2%) were not ready. Good motivation was 26 (46.6%), sufficient motivation was 25 respondents (44.6%) and motivation was less as many as 5 respondents (10%). The Chi-Square test showed a p value = $0.001 < \alpha (0.05)$ that there was a relationship between breastfeeding readiness and motivation to give exclusive breastfeeding in the Semarang Regency area.

It is hoped that health workers will further optimize lactation preparation education during pregnancy as a provision for breastfeeding mothers. Pregnant women are expected to make physical preparations during pregnancy by maintaining breast and nipple hygiene, doing breast care, wearing comfortable bras, and eating nutritious foods to facilitate breastfeeding and preparing psychological preparations so that mothers are more prepared to breastfeed their babies.

Conflict of Interest

This research is purely researched and there is no conflict of interest either to anyone, whether it is a place, location, respondent or research policy maker so that the results obtained are objective and reliable.

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