



The Effect of Providing Education about the Importance of Breastfeeding on the Motivation of Pregnant Women in Preparing to Breastfeed at the Paguat Community Health Center UPTD

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Abstract, Background: Breastfeeding is a crucial practice that provides optimal nutrition and immunity for infants while supporting maternal health. However, inadequate knowledge and limited understanding about the importance of breastfeeding often lead to low motivation among pregnant women in preparing for breastfeeding. Providing structured education is expected improve pregnant women's readiness and commitment to breastfeeding after childbirth. Objective: This study aimed to determine the effect of providing education about the importance of breastfeeding on the motivation of pregnant women in preparing to breastfeed at the Paguat Community Health Center UPTD. Methods: This study employed a pre-experimental design with one-group pretest–posttest approach. A total of 30 pregnant women were selected as the sample using purposive sampling techniques. Data on mothers' motivation to prepare for breastfeeding were collected before and after the educational intervention using a structured motivation questionnaire. The data were analyzed using the Wilcoxon signed-rank test to assess differences in motivation levels before and after the intervention. Results: The results of the Wilcoxon signed-rank test showed a p-value of 0.000 ($p < 0.05$), indicating a statistically significant effect of breastfeeding education on the motivation of pregnant women in preparing breastfeed. The findings demonstrate that educational interventions significantly increased maternal motivation following the provision of education. Conclusion: Providing education about the importance of breastfeeding has a significant positive effect on the motivation of pregnant women in preparing to breastfeed. Therefore, breastfeeding education should be strengthened and routinely implemented during antenatal care services to improve maternal readiness and support successful breastfeeding practices.

Keywords: Breastfeeding Education, Breastfeeding Preparation, Community Health Center, Motivation, Pregnant Women.

1. INTRODUCTION

Breastfeeding is recognized as the most effective way to ensure optimal growth and development in infants during the early stages of life. Breast milk provides complete nutrition that cannot be replaced by other food sources in the first six months of life (Kementerian Kesehatan Republik Indonesia, 2023). In addition to nutritional benefits, breastfeeding strengthens the immune system and reduces the risk of infectious diseases in infants. Exclusive breastfeeding also contributes to maternal health by reducing postpartum bleeding and lowering the risk of certain cancers (Sari & Wulandari, 2023). Despite its proven benefits, exclusive breastfeeding coverage in Indonesia remains below national targets. One of the main challenges in achieving successful breastfeeding is low maternal motivation during pregnancy. Motivation plays a crucial role in shaping maternal behavior related to breastfeeding preparation. Pregnant women who lack motivation may not adequately prepare themselves

physically and psychologically for breastfeeding. Preparation during pregnancy is essential to ensure breastfeeding success after delivery. Many pregnant women still have limited understanding of the importance of breastfeeding. This lack of understanding can reduce confidence and readiness to breastfeed. Education is a key strategy to improve maternal knowledge and awareness. Educational interventions during pregnancy can influence attitudes and motivation toward breastfeeding (Putri & Suryani, 2024). Motivation is closely related to knowledge and perception of benefits. When pregnant women understand the advantages of breastfeeding, their motivation tends to increase. Therefore, providing education during antenatal care is highly important. Antenatal education serves as a foundation for breastfeeding readiness. Health education can shape positive beliefs and intentions regarding breastfeeding. Strong intentions are predictors of breastfeeding behavior after childbirth. Without adequate education, pregnant women may rely on misinformation. This situation highlights the need for structured breastfeeding education programs.

Pregnant women often experience various physical and psychological changes that influence their readiness to breastfeed. Anxiety, fear, and uncertainty about breastfeeding are common during pregnancy. These emotional factors may reduce motivation to prepare for breastfeeding (Anggraini & Nugroho, 2025). Proper education can help reduce anxiety by providing accurate information. When pregnant women receive clear explanations, they feel more confident and prepared. Confidence is a key determinant of breastfeeding motivation. Educational interventions can strengthen self-efficacy related to breastfeeding practices. Self-efficacy influences decision-making and persistence in breastfeeding. Mothers with high motivation are more likely to initiate breastfeeding early. Early initiation of breastfeeding is associated with higher exclusive breastfeeding rates. Education also helps pregnant women understand common breastfeeding challenges. Awareness of potential challenges allows mothers to prepare coping strategies. Preparation reduces the likelihood of early breastfeeding discontinuation. Many pregnant women still believe that breastfeeding is difficult and painful. These misconceptions can be corrected through effective education (Rahmawati et al., 2023). Health workers play an important role in delivering breastfeeding education. Midwives are the primary providers of antenatal education in community health centers. Their role includes motivating pregnant women to prepare for breastfeeding. Structured education programs enhance the effectiveness of counseling. Motivation increases when education is delivered systematically. Therefore, integrating breastfeeding education into routine antenatal care is essential. This approach supports pregnant women in building positive breastfeeding intentions.

Motivation is a psychological drive that influences behavior and decision-making. In the context of breastfeeding, motivation determines whether a mother prepares herself adequately during pregnancy. High motivation encourages pregnant women to seek information and support related to breastfeeding. Conversely, low motivation may result in poor preparation and lack of commitment (Kurniasih & Dewi, 2023). Motivation is influenced by internal and external factors. Internal factors include knowledge, beliefs, and attitudes toward breastfeeding. External factors include support from health workers and access to education. Educational interventions target both internal and external motivational factors. By improving knowledge, education strengthens internal motivation. By providing support, education enhances external motivation. Pregnant women who receive education feel more supported by healthcare providers. Supportive relationships increase trust and acceptance of health messages. Trust is essential for effective behavior change communication. Education delivered during pregnancy has a long-term impact on breastfeeding behavior. Studies in Indonesia show that motivated pregnant women are more likely to breastfeed exclusively (Sulastri & Rahman, 2024). Motivation developed during pregnancy continues into the postpartum period. This continuity supports sustained breastfeeding practices. Education helps pregnant women set realistic expectations about breastfeeding. Realistic expectations prevent disappointment and frustration after childbirth. Reduced frustration supports continued breastfeeding. Motivation also affects maternal persistence when facing breastfeeding difficulties. Persistent mothers are more likely to overcome challenges. Therefore, enhancing motivation through education is a strategic intervention. This approach aligns with preventive maternal health efforts.

Community health centers play a strategic role in providing maternal and child health services. The Paguat Community Health Center UPTD serves as a primary healthcare facility for pregnant women. Antenatal care services at community health centers provide opportunities for health education. Breastfeeding education can be integrated into routine antenatal visits. However, education delivery is often limited by time and resources. As a result, many pregnant women do not receive comprehensive breastfeeding information (Lestari & Pranoto, 2023). Strengthening educational interventions at community health centers is necessary. Structured education programs can standardize information delivery. Standardization ensures that all pregnant women receive accurate and consistent messages. Health education should focus not only on knowledge but also on motivation. Motivation determines whether knowledge is translated into action. Education that emphasizes the importance of breastfeeding can shape positive attitudes. Positive attitudes influence readiness to breastfeed. Community-based

education increases accessibility for pregnant women. Accessible education reduces disparities in breastfeeding preparation. The involvement of health workers enhances the credibility of education. Credible information increases acceptance among pregnant women. Acceptance leads to behavioral intention formation. Intention is a strong predictor of breastfeeding behavior. Therefore, community health centers are ideal settings for educational interventions. Optimizing their role can improve breastfeeding outcomes. Education at this level supports national breastfeeding programs. It also aligns with maternal health promotion strategies.

Several studies in Indonesia have demonstrated the effectiveness of educational interventions on maternal motivation. Research indicates that breastfeeding education significantly increases motivation and readiness among pregnant women (Fitriani & Kurniawan, 2023). Educational sessions improve understanding of breastfeeding benefits and techniques. Improved understanding reduces fear and misconceptions. Reduced fear enhances confidence and motivation. Motivation developed during pregnancy influences breastfeeding initiation after birth. Early initiation supports exclusive breastfeeding practices. Education also fosters positive maternal attitudes toward breastfeeding. Attitudes shape long-term health behaviors. Indonesian cultural beliefs may influence breastfeeding motivation. Education helps align cultural practices with health recommendations. Health education delivered by midwives is particularly effective. Midwives are trusted figures in maternal care. Their guidance influences maternal decision-making. Education that involves discussion and interaction is more effective. Interactive education allows pregnant women to ask questions. Addressing questions enhances clarity and motivation. Motivation increases when education is relevant and understandable. Tailored education meets individual needs. Tailoring increases engagement and interest. Engaged mothers are more motivated to prepare for breastfeeding. Preparation includes physical and mental readiness. Mental readiness is essential for breastfeeding success. These findings support the importance of educational interventions. Therefore, studying the effect of breastfeeding education on motivation is highly relevant.

Breastfeeding motivation among pregnant women is influenced by the quality and intensity of information they receive during antenatal care. Education about the importance of breastfeeding provides pregnant women with a clear understanding of its benefits for both mother and baby. When education is delivered effectively, it enhances maternal awareness and interest in breastfeeding preparation. Knowledge gained from education serves as a foundation for motivational development (Handayani & Utami, 2024). Pregnant women who are well informed tend to feel more responsible for their infant's future health. This sense of responsibility strengthens their motivation to breastfeed. Education also helps pregnant women

recognize breastfeeding as a natural and essential process. Understanding the physiological process of breastfeeding reduces fear and uncertainty. Fear and uncertainty are common barriers to breastfeeding motivation. By addressing these barriers, education fosters positive emotional readiness. Emotional readiness is critical for sustained motivation. Education also encourages pregnant women to seek further information independently. Active information-seeking behavior reflects high motivation. Educational interventions promote positive expectations about breastfeeding success. Positive expectations increase confidence in one's ability to breastfeed. Confidence is closely related to motivational strength. Pregnant women with strong confidence are more likely to commit to breastfeeding. Commitment during pregnancy predicts breastfeeding continuation postpartum. Education also clarifies the role of family support in breastfeeding success. Understanding family involvement enhances preparedness. Preparedness leads to stronger motivation. Therefore, education plays a central role in shaping breastfeeding motivation.

Motivation to breastfeed is not static but can change throughout pregnancy. Early pregnancy is an ideal period to introduce breastfeeding education. Introducing education early allows sufficient time for motivation to develop (Pratiwi & Hidayat, 2023). Continuous education throughout pregnancy reinforces key messages. Repetition strengthens understanding and belief. Strong beliefs support sustained motivation. Pregnant women who receive repeated education show higher motivation levels. Education also helps pregnant women identify personal goals related to breastfeeding. Goal setting is an important component of motivation. Clear goals provide direction and purpose. When goals are aligned with breastfeeding, motivation increases. Education helps mothers understand the long-term impact of breastfeeding. Awareness of long-term benefits enhances intrinsic motivation. Intrinsic motivation is more durable than external motivation. Education fosters intrinsic motivation by emphasizing maternal values. Values related to child health are powerful motivators. Education delivered during antenatal visits reaches a wide population. Wide coverage increases public health impact. However, without proper structure, education may be ineffective. Structured educational programs are more impactful. Programs that include visual aids enhance understanding. Improved understanding increases motivation. Education also promotes positive social norms around breastfeeding. Social norms influence maternal behavior. Therefore, sustained education is essential for motivation development.

Health education interventions are most effective when tailored to the needs of pregnant women. Individual differences in education level affect how information is received. Tailored education ensures comprehension across different educational backgrounds (Wahyuni &

Setiawan, 2024). When information is understandable, motivation increases. Pregnant women feel respected when education considers their needs. Feeling respected enhances engagement and interest. Engagement is a key factor in motivation. Education should address common myths about breastfeeding. Myths can reduce motivation and confidence. By correcting myths, education strengthens belief in breastfeeding benefits. Education also emphasizes practical preparation for breastfeeding. Practical preparation includes breast care and mental readiness. Understanding practical steps increases readiness. Readiness contributes to higher motivation. Pregnant women who feel prepared are less anxious. Reduced anxiety supports positive motivation. Education also encourages discussions between pregnant women and health workers. Open communication builds trust. Trust enhances acceptance of health messages. Acceptance increases behavioral intention. Education should also involve family members when possible. Family involvement reinforces motivational messages. Support from family increases maternal motivation. Therefore, tailored and inclusive education is essential. Such education promotes effective breastfeeding preparation. It also supports maternal empowerment. Empowered mothers are more motivated to breastfeed.

The role of midwives in providing breastfeeding education is crucial. Midwives are the primary source of maternal health information in community health centers. Their communication skills influence the effectiveness of education (Nurhayati & Rahman, 2023). When midwives communicate clearly, pregnant women are more receptive. Receptiveness enhances learning outcomes. Effective communication builds rapport between midwives and mothers. Rapport increases trust and openness. Trust is essential for motivational change. Midwives also serve as role models for breastfeeding advocacy. Their positive attitudes influence maternal perceptions. Education delivered by motivated midwives is more impactful. Midwives who believe in breastfeeding convey stronger messages. Strong messages enhance maternal motivation. Midwives can also identify pregnant women with low motivation. Early identification allows targeted intervention. Targeted education is more effective. Midwives can adapt educational approaches based on individual needs. Flexibility improves educational outcomes. Education provided by midwives during routine visits ensures continuity. Continuity reinforces key messages. Reinforced messages strengthen motivation. Midwives also provide emotional support during education. Emotional support reduces anxiety and fear. Reduced fear supports motivation. Therefore, midwives play a central role in breastfeeding education.

Motivation to breastfeed is influenced by the healthcare environment. A supportive healthcare environment enhances the effectiveness of education. Community health centers that prioritize breastfeeding education create positive experiences for pregnant women (Sari &

Putra, 2024). Positive experiences increase satisfaction with care. Satisfaction influences trust in health services. Trust strengthens acceptance of educational messages. Acceptance leads to increased motivation. Educational materials available at health centers support learning. Posters and leaflets reinforce verbal education. Reinforcement improves information retention. Retained information supports motivation. Group education sessions also provide peer support. Peer support influences motivation through shared experiences. Seeing motivated peers increases confidence. Confidence encourages breastfeeding preparation. Health centers that allocate time for education show commitment to maternal health. Commitment from institutions enhances program effectiveness. Effective programs improve maternal outcomes. Motivation developed in supportive environments is more sustainable. Sustainability is important for long-term breastfeeding practices. Environmental support reduces barriers to motivation. Reduced barriers increase readiness to breastfeed. Therefore, strengthening healthcare environments is essential. Such environments support educational interventions. They also enhance maternal motivation. Ultimately, motivated mothers are more prepared for breastfeeding.

2. RESEARCH METHOD

This study used a pre-experimental research design with a one-group pretest–posttest approach to evaluate the effect of breastfeeding education on the motivation of pregnant women in preparing to breastfeed. This design was selected because it allows researchers to measure changes in motivation levels before and after an intervention within the same group of participants. The absence of a control group was considered appropriate due to the limited population and ethical considerations in providing health education. By comparing pretest and posttest results, the study aimed to identify the direct impact of the educational intervention. This design is commonly used in health education research to assess behavioral and motivational outcomes.

The population in this study consisted of pregnant women who received antenatal care at the Paguat Community Health Center UPTD. A total of 30 pregnant women were selected as research participants using purposive sampling techniques. The inclusion criteria included pregnant women who were willing to participate, able to communicate effectively, and had not previously received structured breastfeeding education. Exclusion criteria included mothers with medical conditions that could interfere with participation in the educational sessions. The sample size was determined based on the availability of eligible participants during the study period.

The educational intervention focused on providing information about the importance of breastfeeding and preparation for breastfeeding during pregnancy. The education was delivered through structured sessions conducted by trained health workers using interactive methods. Educational materials included verbal explanations, visual aids, and discussion sessions to enhance understanding. The content covered the benefits of breastfeeding, early initiation of breastfeeding, exclusive breastfeeding, and practical preparation during pregnancy. The intervention was designed to increase knowledge, awareness, and motivation among pregnant women.

Data collection was carried out in two stages, namely before and after the educational intervention. Mothers' motivation to prepare for breastfeeding was measured using a structured motivation questionnaire that had been previously tested for validity and reliability. The pretest was conducted prior to the education session to assess baseline motivation levels. The posttest was administered after the completion of the educational intervention to evaluate changes in motivation. The same questionnaire was used in both measurements to ensure consistency of data.

Data analysis was performed using the Wilcoxon signed-rank test to determine differences in motivation levels before and after the educational intervention. This non-parametric test was chosen because the data were not normally distributed and involved paired observations. A significance level of $p < 0.05$ was used to determine statistical significance. The results of the analysis indicated whether the educational intervention had a significant effect on mothers' motivation. The findings were then interpreted to support conclusions regarding the effectiveness of breastfeeding education in motivating pregnant women to prepare for breastfeeding.

3. RESULTS AND DISCUSSION

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Table 1 Frequency Distribution.

Information	Frequency	Percentase (%)
Age		
< 20 year	7	11.4
20-30	10	40
31-40	13	48.6
Total	30	100
Education		
SD-SMP	9	42.8
SMA	12	48.6
PT	2	8.6
Total	30	100
Parity		
Primipara	10	40
Multipara	13	48.6
Grandhepara	7	11.4
Total	30	100

Table 1 presents the frequency distribution of respondents based on age, education level, and parity. The majority of respondents were in the age group of 31–40 years, accounting for 13 participants (48.6%). This was followed by the age group of 20–30 years with 10 respondents (40%), while respondents aged under 20 years constituted the smallest proportion, with 7 participants (11.4%). These findings indicate that most pregnant women involved in the study were within the mature reproductive age range.

Based on educational background, most respondents had completed senior high school (SMA), with 12 participants (48.6%). Respondents with elementary to junior high school education (SD–SMP) accounted for 9 participants (42.8%). Meanwhile, only 2 respondents (8.6%) had attained higher education at the university level. This distribution suggests that the majority of participants had a moderate level of formal education.

In terms of parity, the largest proportion of respondents were multiparous women, totaling 13 participants (48.6%). Primiparous women accounted for 10 respondents (40%), while grand multiparous women comprised the smallest group, with 7 respondents (11.4%). These results indicate that most respondents had previous childbirth experience, which may influence their knowledge, attitudes, and motivation related to maternal and child health practices.

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Table 2 Uji Statistic The Effect of Providing Education about the Importance of Breastfeeding on the Motivation of Pregnant Women in Preparing to Breastfeed at the Paguat Community Health Center UPTD.

Information	Frequency	Percentase (%)
Providing Education		
Education	30	100%
Total	30	100%
Breastfeeding on the Motivation		
Good	20	90%
Sufficient	10	10%
Total	30	100%
Providing Education - Breastfeeding on the Motivation		0.000
Wilcoxon signed-rank test		

Table 2 shows the statistical analysis of the effect of providing education about the importance of breastfeeding on the motivation of pregnant women in preparing to breastfeed at the Paguat Community Health Center UPTD. All respondents in this study, totaling 30 pregnant women (100%), received educational intervention regarding the importance of breastfeeding, indicating full participation in the educational program.

The results demonstrate that after the provision of education, the majority of respondents exhibited good motivation to prepare for breastfeeding, with 20 participants (90%) classified in the good motivation category. Meanwhile, 10 respondents (10%) showed sufficient motivation. This finding suggests that educational intervention contributed to a positive improvement in mothers' motivation levels toward breastfeeding preparation.

The relationship between the provision of education and breastfeeding motivation was further analyzed using the Wilcoxon signed-rank test. The statistical analysis revealed a p-value of 0.000, which is lower than the significance level of 0.05. This result indicates a statistically significant effect of providing education about the importance of breastfeeding on the motivation of pregnant women in preparing to breastfeed. Overall, these findings confirm that educational interventions play a crucial role in enhancing pregnant women's motivation to prepare for breastfeeding, highlighting the importance of structured health education programs in maternal health services.

The discussion of this study begins by emphasizing the importance of breastfeeding as a fundamental component of maternal and child health. Breastfeeding has been widely recognized as the optimal source of nutrition for infants, providing complete nutrients and

immunological protection essential for early growth and development. In Indonesia, breastfeeding promotion remains a national health priority due to its role in reducing infant morbidity and mortality. However, breastfeeding success is strongly influenced by maternal motivation and preparedness during pregnancy. Motivation to breastfeed does not emerge spontaneously but is shaped by knowledge, beliefs, and support received during the antenatal period. Health education is one of the most effective strategies to improve maternal motivation toward breastfeeding. According to Notoatmodjo, health education plays a critical role in shaping attitudes and health-related behaviors among individuals. Pregnant women who receive adequate education are more likely to develop positive perceptions about breastfeeding. This study supports the theoretical framework that education can strengthen internal motivation. Motivation acts as a driving force that encourages mothers to prepare physically and psychologically for breastfeeding. Without sufficient motivation, even mothers with good physical conditions may experience difficulties initiating breastfeeding. Therefore, providing education during pregnancy is essential to build readiness for breastfeeding. The setting of this study at a community health center highlights the strategic role of primary healthcare facilities. Community health centers serve as the frontline for maternal health education in Indonesia. Educational interventions delivered at this level can reach a wide range of pregnant women. Thus, this study is relevant to current maternal health practices. The findings contribute to evidence-based breastfeeding promotion strategies. The discussion aligns with previous Indonesian studies emphasizing education as a determinant of maternal behavior. Overall, the background of this study underscores the urgency of strengthening educational programs for pregnant women.

The results of this study indicate that providing education about the importance of breastfeeding significantly increased the motivation of pregnant women in preparing to breastfeed. Most respondents demonstrated good motivation after receiving the educational intervention. This finding suggests that structured education effectively influences psychological readiness for breastfeeding. Motivation is closely related to knowledge acquisition and cognitive understanding of health benefits. When pregnant women understand the advantages of breastfeeding, they tend to develop stronger intentions to practice it. According to Wawan and Dewi, increased knowledge positively influences motivation and behavioral intention. Educational materials that explain breastfeeding benefits can reduce fear and uncertainty. Pregnant women often experience anxiety related to breastfeeding due to lack of information. Education helps address misconceptions and cultural myths surrounding breastfeeding. By clarifying the breastfeeding process, education builds confidence among

expectant mothers. Confidence is a key component of motivation in health behavior change. The improvement in motivation observed in this study aligns with behavioral change theories. The Health Belief Model explains that perceived benefits influence individuals' readiness to act. Education enhances perceived benefits and reduces perceived barriers. This mechanism likely contributed to the positive outcomes observed. The high percentage of motivated mothers indicates the effectiveness of the intervention. These findings support the role of midwives as educators in antenatal care. Midwives are trusted sources of information for pregnant women. Their involvement in education strengthens the impact of health messages. This study reinforces the need for continuous education during pregnancy. Motivation developed during pregnancy can persist into the postpartum period. Therefore, educational interventions have long-term benefits. The results provide strong evidence for integrating breastfeeding education into routine antenatal services.

The significant result of the Wilcoxon signed-rank test further confirms the effectiveness of educational intervention on maternal motivation. A p-value of 0.000 indicates a strong statistical association between education and increased motivation. This statistical evidence supports the hypothesis that education influences motivation levels. The use of a non-parametric test is appropriate given the study design. The Wilcoxon test is suitable for comparing pretest and posttest conditions in a single group. This strengthens the credibility of the findings. Statistical significance reflects meaningful changes in respondents' motivation levels. These changes are not due to chance but to the educational intervention provided. According to Sugiyono, statistical testing is essential to validate behavioral research outcomes. The significant findings indicate that education has a measurable impact. This aligns with previous Indonesian studies on maternal education and health behavior. Research by Kemenkes RI emphasizes education as a key intervention in maternal programs. The consistency of findings enhances the reliability of this study. Statistical evidence supports the practical implications of the intervention. Education is not only theoretically beneficial but empirically effective. The findings also highlight the importance of evaluating educational programs. Without evaluation, the effectiveness of interventions cannot be determined. The statistical analysis strengthens the study's conclusions. This provides confidence for policymakers and health practitioners. Evidence-based interventions are crucial in healthcare planning. Therefore, the statistical results play a vital role in supporting breastfeeding promotion strategies.

The characteristics of respondents may also contribute to the effectiveness of the educational intervention. Most respondents were within the productive reproductive age range. Women aged 20 to 35 years are generally more receptive to health information. This age group tends to have better cognitive capacity to process educational messages. Education level also influences motivation and understanding. Respondents with secondary education dominated the sample. According to Nursalam, higher education facilitates better comprehension of health information. However, education can still be effective across different educational backgrounds. The use of simple and clear language makes health education accessible. Parity also affects motivation to breastfeed. Multiparous women may have prior breastfeeding experience. Previous experiences can shape attitudes and motivation. Education helps reinforce positive experiences and correct negative ones. Primiparous women benefit greatly from education due to lack of experience. Education provides guidance and reassurance for first-time mothers. This study demonstrates that education is beneficial regardless of parity status. Tailored educational approaches can address individual needs. Understanding respondent characteristics helps optimize educational strategies. Health workers should consider age, education, and parity when delivering education. Personalized education enhances effectiveness. This discussion highlights the importance of contextual factors. Respondent characteristics should be considered in program implementation. Effective education requires understanding the target population. This study provides insights for improving maternal education programs.

The findings of this study are consistent with previous research conducted in Indonesia. Several studies have shown that breastfeeding education improves maternal motivation and intention. Research by Roesli emphasizes the role of education in successful breastfeeding initiation. Educational interventions increase awareness of breastfeeding benefits. Similar findings were reported by Astuti, who found increased motivation after counseling sessions. These studies support the results of the present research. Consistency across studies strengthens the evidence base. Education is repeatedly shown to influence maternal behavior positively. Theoretical frameworks support these empirical findings. Behavioral theories emphasize knowledge as a precursor to motivation. Motivation then leads to behavior change. This sequential process is evident in breastfeeding preparation. The discussion confirms that education is a critical intervention point. Health promotion strategies should prioritize education. The findings also align with national breastfeeding promotion policies. The Indonesian Ministry of Health encourages breastfeeding education during antenatal care. This study supports policy implementation at the community level. Community health centers play

a vital role in executing national programs. The consistency with existing literature enhances the study's relevance. These findings contribute to the growing body of maternal health research in Indonesia. They provide local evidence for global health recommendations. Overall, the discussion confirms the importance of education in breastfeeding preparation.

4. CONCLUSION

This study concludes that providing education about the importance of breastfeeding has a significant positive effect on the motivation of pregnant women in preparing to breastfeed at the Paguat Community Health Center UPTD. Educational interventions delivered during pregnancy are effective in enhancing mothers' understanding and readiness for breastfeeding. Increased motivation reflects improved psychological preparedness, which is essential for successful breastfeeding initiation. These findings highlight the importance of education as a key component of antenatal care services.

The results demonstrate that most pregnant women showed good motivation after receiving breastfeeding education. This indicates that structured and targeted educational programs can strengthen mothers' confidence and willingness to breastfeed. Motivation developed during pregnancy plays a crucial role in shaping future breastfeeding behavior. Therefore, early educational exposure is necessary to ensure sustained breastfeeding practices after childbirth.

The statistically significant Wilcoxon test result ($p = 0.000$) confirms that the educational intervention produced meaningful changes in motivation levels. This finding supports the hypothesis that education is an effective strategy to influence maternal attitudes and intentions. The use of appropriate statistical analysis strengthens the validity of the study's conclusions. Education should therefore be considered an evidence-based intervention in breastfeeding promotion programs.

The characteristics of the respondents, including age, education level, and parity, did not hinder the effectiveness of the educational intervention. This suggests that breastfeeding education can be successfully applied across diverse demographic groups. Health workers, particularly midwives, play an essential role in delivering educational messages that are easily understood and culturally appropriate. Strengthening the capacity of healthcare providers to conduct effective education is critical for improving maternal outcomes.

In conclusion, this study emphasizes the need to integrate comprehensive breastfeeding education into routine antenatal care at community health centers. Continuous and structured education can enhance maternal motivation, leading to better breastfeeding preparation and

potential improvement in exclusive breastfeeding rates. Future research is recommended to explore the long-term impact of prenatal education on actual breastfeeding practices postpartum. These findings provide valuable implications for maternal health policies and breastfeeding promotion strategies in primary healthcare settings.

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