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The Relationship Between Pregnant Women's Knowledge of Nutritional Fulfillment and Preparation for Exclusive Breastfeeding

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Abstract, If pregnant women's dietary needs are not met, pregnancy problems may arise, leading to diseases in both the mother and the fetus. The fetus's development can be impacted by the mother's nutritional state both before and throughout pregnancy. In other words, the mother's nutritional state both before and throughout pregnancy has a significant impact on the unborn child. The purpose of this study is to ascertain how pregnant women's dietary demands and knowledge relate to one another. This kind of study uses a cross-sectional study design and is quantitative in nature. With a sample size of thirty respondents, this study employed a complete sampling approach. The Chi-Square statistical test was employed in the study's data analysis. Pregnant women in the Lahei II Community Health Center's work area have dietary requirements and knowledge (p-value = 0.000), according to the research. Muara Lahei District, Central Kalimantan's North Barito Regency, Central Kalimantan. The implications of this study highlight the need for targeted interventions to enhance maternal nutrition knowledge, ultimately promoting better health outcomes for both mothers and their babies.

Keywords: Dietary Needs, Knowledge, Maternal Health, Nutrition, Pregnant Women.

1. INTRODUCTION

A child's life depends on early and exclusive breastfeeding since it guards against a number of illnesses. Diarrhea and pneumonia are among the most prevalent illnesses that can be lethal. Only half of Indonesia's 2.3 million newborns under six months old are exclusively breastfed, a 12% decline from 2019, according to Basic Health Research (Riskesdas) statistics from 2021. Thus, it is essential to offer all pregnant women educational services on how to be ready for exclusive breastfeeding, both in person and online (UNICEF, 2022).

Giving infants between the ages of 0 and 6 months just breast milk without any other food or drink is known as exclusive breastfeeding (ASI). Formula, orange juice, honey, tea, solid meals such bananas, papaya, milk porridge, cookies, rice porridge, and even water are examples of additional foods or beverages (Paradila et al., 2021).

Because breast milk includes vital nutrients for growth and development, it is the ideal and healthiest nourishment for infants between the ages of 0 and 6 months. According to Sabriana et al. (2022), exclusive breastfeeding should be administered until the infant is six months old and can be continued until the kid is two years old. One method of giving newborns the best nourishment possible and fostering a closer relationship between mother and child is

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breastfeeding. Meeting a baby's nutritional needs, boosting immunity, and lowering newborn morbidity and mortality are all made possible by breast milk (Rohman et al., 2021).

According to Aminatussyadiah et al. (2020), exclusive breastfeeding is the greatest way to nourish infants, avoid illness, and promote healthy growth and development during the first 1,000 days of life. According to Fadhilah and Prabamurti (2020), exclusive breastfeeding improves infants by increasing immunity, lowering the incidence of allergic illnesses, avoiding respiratory conditions, and decreasing childhood obesity and diarrhea.

Stunting risk can be decreased by exclusive breastfeeding during infancy. Breast milk is vital for a baby's physical development since it provides both fat and protein. Additionally, breast milk's antibodies help strengthen a baby's immune system and reduce their susceptibility to illness (Rizaty, 2022). The mother's mammary glands make breast milk (ASI), an emulsion of fat in a solution of protein, lactose, and inorganic salts that provides the infant with nourishment (Rosida et al., 2020). Exclusive breastfeeding is defined by the World Health Organization (WHO) as giving a newborn just breast milk and no other liquids or solid meals, with the exception of vitamin syrups, prescription drugs, or mineral supplements.

Children that are breastfed develop into healthier, more emotionally and cognitively mature adults. For both mother and child, breastfeeding is the most exquisite and priceless time. Chemistry develops between a mother and her kid during breastfeeding. Making eye contact turns into the most efficient way to communicate. The language of love is currently being spoken (Ministry of Health of the Republic of Indonesia, 2022).

Pregnant and nursing moms must have a balanced diet in order to suit their own demands as well as the growth and development of their fetus or child. As a result, although their food consumption is diverse and balanced in both amount and proportion, pregnant and nursing moms need more nutrients than non-pregnant or non-breastfeeding mothers. The fetus develops through the absorption of nutrients from the mother's body and from the food she eats. A woman must increase the amount and variety of food she consumes during pregnancy or nursing in order to fulfill the needs of both herself and her unborn child, as well as to produce breast milk.

Because the state of the embryo in the womb greatly influences a child's growth and development, pregnancy is a critical time for the quality of future human resources. During pregnancy, nutritional requirements are vital for both the mother and the child. Because of the fetus's growth in the womb, pregnant women have different dietary demands than non-pregnant women. The quality of the nutrients in the food ingested determines nutritional demands in addition to portion size (Ismaulidia et al., 2021).

An estimated 20,000 Indonesian women die each year, or 60 Indonesian women per day, due to pregnancy and childbirth. According to UNICEF, this number is greater in developing regions, particularly in eastern Indonesia, where it approaches 1,000 per 100,000 live births. Compared to the Maternal Mortality Rate (MMR) in ASEAN nations, this rate is three to eight times higher. Additionally, anemia during pregnancy raises the chance of low birth weight (LBW) and preterm birth (WHO, 2011) (Nurhidayah, 2021).

48.9 percent of pregnant women have anemia, 17.3 percent have Chronic Energy Deficiency (CED), and 28 percent are at risk of potentially fatal birthing complications, according to data from the 2018 Basic Health Research (Riskesdas). The Healthy Pregnant Women Movement aims to avoid certain persistent problems (Ministry of Health, 2022).

A pregnant woman's nutritional status can be assessed based on her body mass index (BMI) early in pregnancy. This allows health workers to determine how much weight she is recommended to gain. This is to meet the fetus's nutritional needs and prepare for labor. Furthermore, for first-time pregnancies, or primigravida in particular, health workers will measure the mid-upper arm circumference (MUAC) to determine the woman's nutritional status. If the mother's arm circumference is below the health standard, health workers will monitor the pregnancy, particularly the growth of the fetus in the womb (Laili & Andriyani, 2020).

Malnutrition is one of the most common nutritional disorders during pregnancy. This nutritional deficiency can be prevented by iron supplementation. Other types of nutritional deficiencies can be caused by folic acid and vitamin B12 deficiencies. Iron deficiency, which is characterized by a picture of hypochromic, microcytic red blood cells, decreased serum iron levels (Serum Iron = SI) and transferrin saturation, increased total iron binding capacity (TIBC), and very low or nonexistent iron reserves in the bone marrow and elsewhere, is a nutritional deficiency brought on by a lack of iron in the body, so that the iron (Fe) requirement for erythropoiesis is insufficient. Iron deficiency can be caused by a variety of factors, such as inadequate intake of iron and protein from food, eating foods that prevent iron absorption, intestinal absorption disorders, acute or chronic bleeding, and increased iron requirements, such as in pregnant women (Fitra, Sobar, 2019).

Education levels, understanding, and attitudes toward satisfying nutritional demands during pregnancy are all intimately related to improving maternal nutrition and health. Nutritional progress is hampered by inadequate understanding and improper methods. The significance of diet throughout pregnancy and the first two years of life is mostly unknown. According to Wayan Dian Ekayanthi et al. (2019), women are frequently ignorant of the

significance of their personal diet. Pregnant women must have good attitudes and actions since it is essential to meet their nutritional demands. Knowledge has an impact on these attitudes and actions (Puspita Yuniar et al., 2020). Mothers' knowledge, attitudes, and behaviors toward achieving their nutritional needs during pregnancy might be influenced by nutritional assistance. Additionally, attitude is a person's inclination to behave, a closed reaction to a specific stimulus or object, at a higher level. According to Panjaitan et al. (2022), attitude is a tendency to act or behave rather than an actual action or activity.

Knowledge about good maternal nutrition and dietary practices before and during pregnancy is often not prioritized in efforts to address nutritional issues. In fact, maternal knowledge and the quality of their diet before and during pregnancy are crucial for ensuring a healthy birth and preventing stunting (Shaluhiyah & Kusumawati, 2020A mother's expertise and optimistic outlook are crucial to the exclusive breastfeeding process (Sabriana et al., 2022). Law No. 23 of 2003 states that an individual's degree of education can either assist or impact their level of knowledge. Knowledge increases with further education. Mothers find it simpler to learn new knowledge as a result, which increases their disinterest in health-related information. Conversely, less education results in a lack of understanding, which increases disinterest in current health initiatives (Anggoro Wasono et al., 2021).

Pregnant women's nutrition and knowledge are related, according to research by Nurhidayah (2021) on the Relationship between Knowledge and Behavior of Pregnant Women with Nutritional Status during Pregnancy in the Kassi Makassar Community Health Center work area. It may be concluded that there is a significant association between knowledge and nutrition during pregnancy based on the Chi Square test findings, with a P value of 0.001, or less than 0.05.

Pregnant women's attitudes and actions about daily food consumption might be influenced by their knowledge of nutrition during pregnancy (Chandra et al., 2019). Because iron demands rise with gestational age, nutritional status throughout pregnancy must also be taken into account. This study sought to ascertain how pregnant women in the Lahei II Community Health Center (Puskesmas Lahei II) working area related to dietary requirements and knowledge. Central Kalimantan's Muara Lahei District, North Barito Regency.

2. RESEARCH METHODS

This study is quantitative and employs a cross-sectional design and observational analytical approach. The study was carried out from October 2025 to December in the Lahei II Community Health Center Working Area. Thirty pregnant women were used as samples in this

study using the Total Sampling sampling approach. A questionnaire was employed for data collection, and the Chi Square Test was used for bivariate data analysis.

3. RESULTS AND DISCUSSION

Univariate Analysis

Age, education, and employment are among the respondent variables in this study's frequency distribution.

Table 1 . Frequency Distribution of Respondent Characteristics.

Category	Frequency	Presentation
Age		
< 20	2	8.0
20-35	28	93.3
>35	0	0
Total	**30**	**100**
Education		
Elementary School	0	0
JUNIOR HIGH SCHOOL	5	16.7
SENIOR HIGH SCHOOL	16	60.0
Bachelor	9	23.3
Total	**30**	**100**
Work		
Doesn't work	16	53.3
Work	14	46.7
Total	**30**	**100**
Parity		
Primigravida	13	43.3
Multigravida	17	56.7
Grandemultigravida	0	0
Total	**30**	**100**

Table 1's frequency distribution of features based on respondents' ages at the Lahei II Community Health Center in 2025 reveals that, of the 30 respondents, 28 (93.3%) were pregnant women in the 20–35 age group. There were two individuals (8%) in the following age category, which was under 20.

Pregnancy and delivery are safe between the ages of 20 and 35. Women under the age of 20 who become pregnant and give birth have maternal death rates that are two to five times greater than those between the ages of 20 and 35. This results from the reproductive system's immaturity during pregnancy, which can be harmful to both the mother's health and the fetus's growth and development. The risk of illness and difficulties for both the mother and the fetus increases when a woman over 35 becomes pregnant (Al-Mutairi, 2022).

The study's findings are consistent with earlier research by Melinasari et al. (2020), which found that pregnant women in the 20–35 age group were classified as having good reproduction.

According to the Lahei II Community Health Center's 2025 frequency distribution of variables depending on respondents' educational attainment, 16 (60%) of the 30 pregnant respondents had completed high school. The next educational level was junior high school, with five (16.7%), and bachelor's degree, with nine (23.3%). In the meanwhile, none of the pregnant ladies had completed elementary school.

A high level of education will make it easier to absorb and comprehend information, particularly regarding meeting the nutritional needs of pregnant women and ensuring adequate nutrition, whereas a low level of education will make it difficult to receive guidance on meeting nutritional needs (Sihombing, 2018).

Maria Nafrida Ampu claims that mothers' and families' ignorance of the main advantages of breast milk for the formation of intellectual future generations is still a factor in the 2021 breastfeeding problem. One of the reasons why exclusive breastfeeding fails in some societies is the practice of delivering breast milk to infants too soon.

Of the 30 respondents, 16 (53.3%) were jobless and 14 (46.7%) were employed, according to the frequency distribution of characteristics based on respondents' profession at the Lahei II Community Health Center in 2025.

Sihombing (2018) claims that one of the barriers preventing moms from exclusively nursing their infants is their jobs. As a result, working mothers would give their infants formula since they are unaware of the benefits of exclusive breastfeeding. Mothers will exclusively breastfeed if they have the necessary information about breastfeeding, full breast pumping, and workplace support. In the meanwhile, study (Hanna Riana Ulfah and Farid Setyo Nugroho,

2020) indicates that since they spend more time with their infants, housewives (IRT) have the chance to succeed in exclusive breastfeeding.

The frequency distribution of characteristics based on respondent parity at the Lahei II Community Health Center in 2025 showed that of the 30 respondents, the majority were multigravida (17 women) (56.7%). The next parity group was primigravida (13 women) (43.3%). Grandemultigravida were absent in the interim. The success of exclusive breastfeeding is also influenced by the number of children. Because of their past experiences with children, multigravida moms are often better aware of the advantages of nursing.

Table 2 . Frequency Distribution of Pregnant Women's Knowledge.

Knowledge of Pregnant Women	Frequency	Presentation
Good	7	23.3
Enough	8	26.7
Not enough	15	50.0
Total	**30**	**100**

Table 2 displays the frequency distribution of pregnant women's knowledge at Lahei II Health Center. Of the thirty respondents, seven had high knowledge (23.3%), eight had sufficient knowledge (26.7%), and fifteen had low knowledge (50.0%).

Table 3 . Distribution of Frequency of Nutritional Fulfillment for Pregnant Women.

Nutritional Fulfillment for Pregnant Women	Frequency	Presentation
Enough	12	40.0
Not enough	18	60.0
Total	**30**	**100**

The distribution of nutritional requirements among the 30 respondents at the Lahei II Community Health Center is shown in Table 3. Of these, 18 respondents, or 60.0% of the total, were still not receiving adequate nourishment throughout pregnancy. Twelve (40.0%) were receiving adequate nourishment in the meanwhile. According to this data, over half of pregnant women experience nutritional deficiencies. These deficiencies may be brought on by a lack of knowledge among pregnant women or by other factors. Therefore, more attention and

education are needed to improve maternal health and knowledge during pregnancy in order to prepare for exclusive breastfeeding.

Bivariate Analysis

The association between pregnant women's nutritional satisfaction and knowledge in preparation for exclusive breastfeeding at the Lahei II Community Health Center in 2025 is explained by the bivariate analysis in this study.

Table 4 . The Relationship Between Pregnant Women's Knowledge and Nutritional Fulfillment.

	Fulfillment		**Nutrition**		**Amount**		**P value**
Knowledge of Pregnant Women	Enough		Not enough				
	F	**%**	**F**	**%**	**F**	**%**	
Good	7	100	0	0	7	100	
Enough	5	62.5	3	37.5	8	100	0.000
Not enough	0	0	15	100	15	100	
Total	**12**	**62.5**	**18**	**37.5**	**30**	**100**	

Based on the table above, out of 30 respondents, 5 respondents (62.5%) were in the category of sufficient knowledge in meeting nutritional needs, and 3 respondents (37.5%) were insufficient in meeting nutritional needs. Of the 30 respondents, 0 respondents (0.0%) were in the category of insufficient knowledge in meeting nutritional needs, and 15 respondents (100%) were insufficient in meeting nutritional needs. And of the 30 respondents, 7 respondents (100%) were in the category of good knowledge in meeting nutritional needs, and 0 respondents (0.0%) were insufficient in meeting nutritional needs. A P Value of 0.000 < 0.05 was found based on the findings of the Chi Square statistical test used to ascertain the

connection between pregnant women's knowledge and nutritional demands. This demonstrates statistically that pregnant women's dietary demands and knowledge are significantly correlated.

The study's findings demonstrated a relationship between pregnant women's dietary demands and their level of knowledge in the Lehai II Community Health Center Work Area. Most pregnant women with modest levels of education in this research were able to meet their dietary demands. Similarly, the majority of pregnant women with little information had inadequate dietary needs. In order to raise the community's awareness, understanding, and comprehension of nutrition, as well as their willingness and ability to implement health-related recommendations, health education is implemented through the dissemination of information and messages and the instillation of confidence. Pregnant women's knowledge, abilities, and attitudes toward nutrition also improve as a consequence (Soekmawaty Riezqy Ariendha et al., 2022).

Pregnant women's knowledge of nutrition plays a crucial role in meeting their nutritional needs. Good maternal nutrition is essential for rapid fetal growth and unimpeded growth. A lack of knowledge about the benefits of nutrition during pregnancy can lead to nutritional deficiencies. Pregnant women who experience malnutrition, particularly iron and folic acid, can develop iron deficiency anemia. This is supported by previous research by (Salsabilah & Suryaalamsah, 2022).

Improving human well-being requires education. In general, pregnant women with greater levels of education are more likely than those with lower levels of education to eat a balanced, healthful diet that supports the growth of their fetus. This is corroborated by the fact that pregnant women with greater levels of education are better able to learn about nutrient-dense diets to prevent anemia than women with lower levels of education (Sulaiman et al., 2022).

The goal of lactation preparation, which is done throughout pregnancy, is to ensure that the mother's exclusive nursing procedure is successful after giving birth. Tyastuti & Wahyuningsih (2016) state that pregnant women should prepare for lactation by learning about exclusive breastfeeding, breast care, dietary preparation, and psychological preparation. Breast care is carried out from the 3rd to 9th month of pregnancy and is useful for maintaining breast hygiene, making the nipples supple and strong, and stimulating the milk glands so that exclusive breast milk production is abundant and smooth. Information about exclusive breastfeeding is very effective when provided during a mother's pregnancy to support the success of exclusive breastfeeding, more economically, easily, and practically.

Malnutrition during pregnancy affects both the mother and the child, according to Swastika Raras et al., 2021. Anemia is one of the hazards and consequences that can arise from a

pregnant woman's lack of nutrients, particularly iron. Anthropometric measures, such as measuring height with a microtoice and body weight with a step scale, can be used to assess the nutritional condition of pregnant women. This may be used to calculate pregnant women's average weight increase.

This study supports studies (Mustafa et al., 2022) and (Sagitarini et al., 2021) that found a correlation between pregnant women's knowledge of pregnancy nutrition and the prevalence of chronic energy shortage in pregnancy (p value = 0.026> α = 0.05). It is evident from the nutritional status of pregnant women mentioned above that eight pregnant women have poor nutritional status and insufficient nutritional knowledge, seven pregnant women have good nutritional knowledge but poor nutritional status, thirteen pregnant women have insufficient nutritional knowledge but normal nutritional status, and sixty-seven pregnant women have good nutritional knowledge and normal nutritional status. The Chi Square test yielded a significant p value of 0.001 <0.05, which means that Ha is accepted and H0 is rejected.

Researchers claim that a pregnant woman's nutritional health is critical to the growth of the fetus. Therefore, during pregnancy, nutritional status is crucial because it influences maternal weight gain, which is calculated using BMI, which is in line with recommended weight gain for gestational age. This, in turn, influences maternal weight gain, depending on the nutritional intake consumed during pregnancy.

Pregnant women's knowledge of nutrition plays a crucial role in supporting their physical and psychological readiness for breastfeeding. Adequate nutritional intake during pregnancy, such as protein, iron, calcium, folic acid, and vitamins, contributes to maternal health and the development of breast tissue that supports breast milk production. Mothers who understand the importance of nutritional fulfillment tend to pay more attention to a healthy and balanced diet, thus ensuring optimal breastfeeding preparation. In addition to physical readiness, nutritional knowledge also influences a mother's psychological readiness. Pregnant women with good knowledge typically have a positive attitude toward exclusive breastfeeding and believe that their bodies are capable of producing sufficient breast milk.

Therefore, improving pregnant women's knowledge about nutritional needs is a crucial step in supporting successful exclusive breastfeeding. Healthcare workers, particularly midwives, are expected to provide ongoing nutrition education during antenatal care as part of exclusive breastfeeding preparation.

4. CONCLUSION

The Lahei II Community Health Center's study found a relationship between pregnant women's dietary demands and their level of knowledge in preparation for exclusive breastfeeding. In order to prevent illness and lower the risk of malnutrition, women must be conscious of addressing their nutritional demands throughout pregnancy.

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