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ANDROID-BASED KEKASIH EDUCATIONAL STRATEGY TO IMPROVE PREGNANT WOMEN'S LITERACY ON EXCLUSIVE BREASTFEEDING

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ABSTRACT

Despite existing health policies and breastfeeding support programmes, the coverage of exclusive breastfeeding in several areas of Bengkulu City remains low. Contributing factors include pre-lactation feeding, cultural influences, limited knowledge and inadequate access to reliable information. Therefore, a health education strategy that provides continuous access to information for pregnant women is needed to improve literacy about exclusive breastfeeding during pregnancy, using the Android-based KEKASIH digital education programme. This quasi-experimental study involved 70 women in their third trimester of pregnancy, who were divided into two groups: an intervention group, who received exclusive breastfeeding education through the KEKASIH Android application; and a control group, who received conventional antenatal education. Exclusive breastfeeding literacy was measured before and after the intervention using a structured questionnaire. The results showed a significant increase in literacy in both groups. However, the intervention group demonstrated a greater average increase (mean difference: 4.49; p = 0.00) than the control group (mean difference: 3.91; p = 0.00). While there was no significant difference in effectiveness between the two methods based on the Mann-Whitney test (p = 0.15), digital education demonstrated a greater improvement in breastfeeding literacy. These findings suggest that the KEKASIH Android application can be used as an effective strategy for improving breastfeeding literacy among pregnant women.

Keywords: Breastfeeding, Literacy, KEKASIH Aplication, Pregnancy.

INTRODUCTION

The national coverage of exclusive breastfeeding stands at 52.5%. In Bengkulu Province, this figure is 57.6%, while in Bengkulu City, it is 61.9%. However, the figures are still relatively low in some areas, such as Betungan (30%), Beringin Raya (27.3%), Kandang (27%), and Padang Serai (50.8%). Various factors influence the low rate of exclusive breastfeeding, including pre-lactation feeding, insufficient milk production, cultural factors, family influence, mothers' knowledge and attitudes, and the role of health workers (Rapingah et al., 2021; Suryani et al., 2017).

Meanwhile, coverage of the first antenatal visit (K1) was 94.5%, while the sixth visit (K6) was 88.5%. The stunting rate was 6.7%, with infant mortality recorded at 11.7% in 2023, increasing to 14.9% (Badan Pusat Statistik Provinsi Bengkulu, 2022; Hikmahrachim et al., 2019).

Despite existing policies on exclusive breastfeeding and various intervention programmes, innovations in access to information are still needed to improve understanding of lactation, its benefits and the risks of not practising exclusive breastfeeding (Rapingah et al., 2021; Suryani et al., 2017).

In an effort to improve education, a new approach was developed involving small groups of healthcare professionals working with pregnant women. This initiative, known as KEKASIH, aimed to assess the effectiveness of breastfeeding and breast milk feeding during the first three days of a baby's life. This intervention increased knowledge and improved attitudes and breastfeeding efficacy while reducing pre-lactation feeding. However, despite the mothers having good knowledge and attitudes, and high breastfeeding efficacy, pre-lactation feeding practices are still evident (Seddighi et al., 2022; Yorita et al., 2024).

The efficacy of breastfeeding can change during the period from birth to six months. The early introduction of complementary foods is generally caused by various factors, such as considering the baby's weight to be insufficient compared to that of their older sibling, sore nipples, mastitis, blocked breast milk

ducts, wanting the baby to grow quickly, cultural factors and the habit of giving additional food from the age of three months. To address this issue, researchers have developed a new Android-based educational programme called KEKASIH (Small Group Class for Pregnant Women). This app combines education on lactation management and breastfeeding care. This study aims to evaluate the effect of this digital educational strategy on the breastfeeding literacy of pregnant women.

MATERIALS AND METHODS

This quasi-experimental study with a quantitative approach aims to test the effectiveness of the KEKASIH Class education programme, which is based on an Android application. The study was conducted with pregnant women in their third trimester who live in coastal areas of Bengkulu City. It covered the Betungan, Padang Serai, Anggut Atas and Beringin community health centres. A total of 70 participants were purposively selected and divided into two groups: an intervention group and a control group.

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Meanwhile, the control group consisted of pregnant women who received breastfeeding education through conventional methods, typically offered by community health centres or local health services, such as antenatal classes. Educational materials used with this group included leaflets and breast and baby dolls, as well as demonstrations and interactive lectures given by breastfeeding counsellors (Amini et al., 2019). In this study, the independent variable was Android-based digital education, while the dependent variable was the literacy of pregnant women regarding exclusive breastfeeding. This was measured using a knowledge questionnaire before (pre-test) and after (post-test) the intervention. The post-test was conducted two weeks after the intervention and at 36 weeks of pregnancy, bearing in mind that the normal delivery period is 37 weeks.

RESULTS AND DISCUSSION

Before measuring the effect of the intervention, the demographic and obstetric characteristics of the respondents were first analyzed to ensure that both groups began with comparable baseline profiles. These characteristics include age, parity, pregnancy spacing, education level, and employment status. The detailed distribution of respondent characteristics in the intervention and control groups is presented in Table 1.

Table 1 Frequency distribution of respondent characteristics based on age, parity, pregnancy spacing, education and occupation in Bengkulu City in 2025

Variabel	Eksperiment		control		Total	
	f	%	f	%	f	%
Usia						
At Risk	5	14.28	30	85.71	35	50
Not Risk	31	88.57	4	11.42	35	50
Parity						
Primiparaous	8	22.86	27	77.14	35	50
Multiparaous	15	42.85	6	17.14	21	30
Grandemultiparaous	12	34.28	2	5.71	14	10
Pregnancy Space						
Primigravida	8	22.86	27	77.14	35	50
< 2 Tahun	1	7	2	14	3	8.57
2-5 Tahun	10	40	13	52	23	28.71
>5 Tahun	4	5.71	5	7.14	9	12.85

Education						
Elementry	2	2.85	1	1.42	3	4.28
Middle	25	35.71	22	31.42	37	52.85
High	8	11.42	3	4.28	11	8.70
Employment						
Employment	16	22.85	8	11.42	24	34.28
Unemployment	20	11.42	26	37.14	46	65.72

As shown in Table 1, the proportion of pregnant women of high-risk age was lower in the experimental group than in the control group (14.28% versus 85.71%). Overall, 50% of the pregnant women in this study were of high-risk age.

Regarding parity, there were more primiparous mothers in the control group (77.14%) than in the experimental group (22.86%). Conversely, multiparous mothers were more prevalent in the experimental group (42.82%) than in the control group (17.14%). Similarly, grande multiparous mothers were more prevalent in the experimental group (34.28%) than in the control group (5.71%).

Regarding pregnancy interval, primigravida mothers were more prevalent in the control group (77.14%) than in the experimental group (22.86%). Pregnancy intervals of less than two years were lower in the experimental group (7%) than in the control group (14%). Pregnancy intervals of more than five years were also lower in the experimental group (5.71%) than in the control group (7.14%). However, the proportion of mothers with ideal pregnancy spacing (two to five years) was smaller in the experimental group (40%) than in the control group (52%).

Table 1 also shows that the proportion of women with primary education was higher in the control group than in the experimental group (1.42% vs. 2.85%). However, a higher percentage of pregnant women in the experimental group had secondary or higher education (35.71%) than in the control group (31.42%). Regarding employment, the proportion of unemployed mothers was lower in the experimental group (11.42%) than in the control group (37.14%).

Tabel 2 The Impact of Android-Based Lover Education on Pregnant Women's Literacy about Exclusive Breastfeeding in Bengkulu City in 2025

	n	Min	Max	SD	Mean	Beda Mean	Nilai p*
Literacy							
Intervention							
Before	35	8	11	1.44	5.48	4.49	0.00
After	35	8	14	1.38	9.97		
Control							
Before	35	7	10	1.33	5.54	3.91	0.00
After	35	8	13	1.54	9.45		

*Wilcoxon test

As shown in Table 2, the average literacy score of pregnant women in the intervention group was 5.48 before receiving treatment through the Android-based KEKASIH application, with a minimum score of 8 and a maximum of 11. Following education through the application, the average score increased to 9.97, with a range of 8 to 14.

Statistical tests showed a significant effect of using the KEKASIH application on increasing the literacy of pregnant women regarding exclusive breastfeeding, with a p-value of 0.00 and a mean difference of 4.49. This indicates that the KEKASIH application significantly increased the literacy scores of pregnant women by 4.49 points.

Meanwhile, the average initial literacy score in the control group was 5.54 before the intervention, ranging from 7 to 10. After receiving conventional education (in the form of lectures, leaflets and demonstrations), the average literacy score increased to 9.45.

Statistical tests also showed a significant effect of conventional education on increasing literacy among pregnant women regarding exclusive breastfeeding, with a p-value of 0.00 and a mean difference of 3.91. Thus, while both methods of education were effective in increasing literacy, the KEKASIH application produced greater results.

Table 3 The Effectiveness of Android-Based Lover Education on Literacy of Pregnant Women in the Third Month of Pregnancy on Exclusive Breastfeeding in Bengkulu City in 2025

Variable	Z Score	Nilai p*
Literacy	1.432	.15

*mann whitney test

The results of the Mann–Whitney statistical test, presented in table 3, indicate that there was no significant difference in the effectiveness of Android-based education (in the intervention group) and conventional education (in the control group) in improving the literacy of pregnant women regarding exclusive breastfeeding. Therefore, it can be concluded that both methods are equally effective. Although the average increase in literacy scores was higher in the group using the KEKASIH app, this difference was not statistically significant. This suggests that neither method was significantly more effective at improving literacy.

The results of this study suggest that some pregnant women are of an age that is considered to be at risk. This finding is consistent with previous research which showed that the average maternal age at delivery was 17.8 years, with 37.8% of deliveries occurring at the age of 19 (Putri et al., 2017). Similar findings revealed that the majority of pregnancies (80%) occur before the age of 18. Pregnancy at a young age is known to have a negative impact on birth outcomes for both mother and baby. This is due to the immaturity of their physical and psychological conditions, which makes young pregnant women more vulnerable to various health risks. These risks include sexually transmitted infections, premature birth, miscarriage and an increased risk of experiencing physical and psychological violence (Kabir et al., 2019).

The results of this study also showed that the majority of respondents were primiparous pregnant women. Parity is an important factor in the health of pregnant and breastfeeding mothers because it significantly affects breastfeeding motivation and the timing of initiation immediately after delivery. Primiparous mothers require special attention as they lack experience in caring for pregnancies, childbirth and newborns, including breastfeeding. Various studies have shown that primiparous mothers are at a higher risk of failing to exclusively breastfeed, partly because they tend to introduce breast milk substitutes earlier than multiparous mothers (Neves et al., 2020). Similar findings indicate that exclusive breastfeeding rates tend to decline with increasing maternal age and the number of children born. This may be due to various factors, such as physical exhaustion, greater responsibility for older children and changing parenting priorities, all of which can affect how consistently mothers breastfeed exclusively (Bilal Safdar et al., 2021).

This study found that the majority of pregnant women were primigravida, meaning that this was their first pregnancy. This condition is a risk factor for failure to exclusively breastfeed, which aligns with previous findings that exclusive breastfeeding often fails in primigravida mothers. This is due to the lack of breastfeeding experience of mothers in their first pregnancy (Nisa, 2023). This finding is supported by previous research showing that the spacing of pregnancies significantly affects the success of exclusive breastfeeding (Fatiah et al., 2022). The results of this study suggest that most respondents had completed secondary education. This finding is consistent with previous research revealing that the current government programme aims to implement a 13-year compulsory education policy consisting of one year of preschool education, nine years of primary education and three years of secondary education (Badrun, 2024). Similar findings were reported in previous studies, which showed that only around 10% of pregnant women had received a primary education (Prastyoningsih et al., 2021). The level of education plays a significant role in exclusive breastfeeding: 87.2% of mothers who have completed secondary education successfully breastfeed exclusively. Higher levels of education are closely associated with a mother's ability to absorb knowledge and her exposure to information about the importance of exclusive breastfeeding (Eugenie et al., 2018).

Compulsory education does not guarantee the best possible learning outcomes. Therefore, fostering a reading culture is essential for improving literacy levels. Literacy is a vital skill that individuals must continually develop throughout their lives. It encompasses the ability to access, understand and process information effectively in order to support life skills. Literacy skills extend beyond reading and writing to include a deep understanding of information, the ability to provide contextual meaning, and the capacity for critical reflection on acquired knowledge. The aim is to ensure that this information can be applied in everyday

life. Furthermore, literacy involves the ability to evaluate information and communicate it effectively, both verbally and in writing, thereby contributing meaningfully to society's needs (Tenny et al., 2021).

The results of this study suggest that the Android-based KEKASIH educational programme significantly improves pregnant women's knowledge of exclusive breastfeeding. This finding is consistent with previous research which found that interventions using Android applications can improve pregnant women's knowledge of childbirth preparation. Therefore, Android applications can be used as an effective and innovative way of delivering health education to pregnant women (Syafputri, 2024).

These results also support previous research indicating that the Lover's Class education programme was designed to increase pregnant women's knowledge of exclusive breastfeeding. This resulted in an increase in knowledge among the intervention group (Yorita et al., 2024). Health literacy plays a significant role in improving self-care skills in pregnant women. Therefore, healthcare professionals must strive to improve the health literacy of pregnant women so that they can access, understand and utilise pregnancy-related information effectively (Irwan et al., 2024) .

The aim of digital health literacy is to provide pregnant women with accurate and relevant information that is tailored to their needs. However, current advances in information technology have led to an excessive amount of information that is not necessarily supported by strong scientific evidence. This study designed the KEKASIH class education programme, based on an Android application, as a solution to this problem, providing pregnant women with up-to-date information. The app contains learning modules, illustrations, evaluation tools and a question-and-answer section. Its advantage lies in providing easy access to information that does not rely entirely on health professionals. However, if users require more comprehensive information or further clarification, they can access a question-and-answer space where cadres or health professionals can provide direct responses. This finding is consistent with previous research showing that digital literacy plays a crucial role in shaping the behaviour and information needs of pregnant women. Therefore, improving digital literacy skills is essential to enable pregnant women to access, select and understand the information they need to improve their quality of life (Nikmah et al., 2025).

Providing access to information via Android applications can be an effective way of improving digital literacy among pregnant women. This study builds on previous research using the BuSui Cerdas app, a digital platform for Android devices that provides information on exclusive breastfeeding to improve knowledge among pregnant women. Furthermore, the results of this study indicate that conventional prenatal education has a positive impact on mothers' knowledge of exclusive breastfeeding. This finding corroborates previous research suggesting that increasing knowledge of infant care, including exclusive breastfeeding practices, can be effectively achieved through prenatal classes (Azulla & Yulian, 2023; Maulida et al., 2018).

This study shows that the Android-based digital KEKASIH class and the conventional pregnancy class are equally effective due to the respective advantages of each method. The conventional pregnancy class uses methods such as lectures, question-and-answer sessions, and demonstrations using phantoms, led by competent speakers such as breastfeeding counsellors. This approach enables information to be delivered that is tailored to the needs of pregnant women, thereby improving their literacy skills. Meanwhile, the Android-based KEKASIH class provides comprehensive learning materials, modules and illustrations, as well as a question-and-answer feature, to meet pregnant women's need for information about breastfeeding. Thus, the media used in both groups intervention and control are of comparable quality in supporting the improvement of pregnant women's literacy.

Therefore, healthcare providers need to select appropriate health education media and methods according to the characteristics and needs of the target group, to ensure the message is received effectively and clearly. To improve the knowledge, attitudes and behaviour of pregnant women regarding exclusive breastfeeding, various health promotion media can be used, such as audiovisual and print media, electronic platforms (e.g. web and video content), mobile phones and special programmes for mothers, babies and children. However, these media must be tailored to the characteristics and preferences of the target group to ensure the intervention is effective and impactful (Suhertusi et al., 2015)

Electronic health education strategies can be an effective way of encouraging behavioural changes in health, particularly in communities with low motivation and cognitive abilities. Furthermore, platforms such as prenatal classes and breastfeeding support groups can be important health promotion tools that provide health education and breastfeeding support. They serve to provide information and facilitate discussions about exclusive and optimal breastfeeding practices (Susilawati & Wijhati, 2019).

CONCLUSION

Android-based KEKASIH education and conventional antenatal education were both effective in improving exclusive breastfeeding literacy among pregnant women. Although the difference in effectiveness between the two approaches was not statistically significant, digital education demonstrated a greater increase in knowledge improvement. KEKASIH serves as a complementary strategy that supports the accessibility of accurate breastfeeding information and may contribute to better maternal and infant health outcomes.

CONFLICT OF INTEREST

The authors confirm that the publication of this manuscript is not associated with any competing interests. The entire research process from data collection to analysis and interpretation was performed autonomously without external influence. None of the authors are involved in financial, institutional, or personal relationships with any parties that might create or suggest a potential conflict of interest.

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