Jurnal Gizi dan Dietetik Indonesia
(Indonesian Journal of Nutrition and Dietetics)
Vol 13, Issue 3, 2025: 213-222

Available online at: https://ejournal.almaata.ac.id/index.php/IJND
p-ISSN 2303-3045 e-ISSN 2503-183X
DOI: https://dx.doi.org/10.21927/ijnd.2025.13(3).213-222

Effectiveness of education packages (edukersa) to increase readiness for exclusive breastfeeding in prenatal mothers: precede-proceed models

Priyo Sulistiyono[1*], Hari Santoso[1], Uun Kunaepah[1], Dewi Rahayu[2]

[1] Lecturers at Tasikmalaya Health Polytechnic-West Java-Indonesia Health Polytechnic Indonesian Ministry of Health, Indonesia
[2]Assistant Lecturer at Tasikmalaya Health Polytechnic West Java Indonesia

**Correspondence*: priyo.sulistiyono@dosen.poltekkestasikmalaya.ac.id

ABSTRAK

Latar Belakang: *Indonesia masih menghadapi tantangan besar terkait pemberian ASI eksklusif. Proporsi ASI eksklusif hanya mencapai 37,3%. Para ibu belum menganggap kegagalan pemberian ASI eksklusif sebagai masalah kesehatan. Perlu adanya upaya untuk mengubah pengetahuan dan perilaku ibu.*
Tujuan: *Penelitian ini untuk mengetahui pengaruh model pendidikan komprehensif prenatal (Edukersa) terhadap kesiapan pengetahuan, kemampuan ibu dan kesiapan dukungan keluarga terhadap ASI eksklusif.*
Metode: *Penelitian quasi eksperimen dengan intervensi Edukersa Preceded-Proceed Model, untuk melihat kesiapan pengetahuan ibu, kesiapan kemampuan ibu dan kesiapan dukungan keluarga. Populasi seluruh Ibu Hamil Trimester III. Sampel adalah jumlah populasi yang memenuhi kriteria sebanyak 80 ibu hamil. Pengumpulan data sebelum dan sesudah intervensi dilakukan dengan wawancara. Analisis data secara deskriptif dan uji t data berpasangan.*
Hasil: *Hasil penelitian menunjukkan bahwa pada kondisi awal, aspek pengetahuan mempunyai skor rata-rata yang rendah (1,88). Keinginan ibu terhadap ASI eksklusif sangat tinggi (2,99). Kesiapan keterampilan masih rendah (1,56) dan kesiapan dukungan keluarga cukup baik (2,39). Seluruh aspek kesiapan pada akhir kegiatan pendidikan hampir mencapai skor maksimal (3,00). Model Edukersa terbukti secara signifikan (95%CI) mampu meningkatkan kesiapan pengetahuan ibu (p=0.000), kesiapan keterampilan ibu (p=0.000) dan kesiapan dukungan keluarga/suami/orang terdekat (p=0.023) ibu dalam mewujudkan ASI eksklusif.*
Kesimpulan: *Metode edukersa merupakan bagian dari solusi penyiapan ibu hamil sebagai langkah menuju ibu ASI eksklusif yang sukses di Kota Cirebon.*

KATA KUNCI*: ASI eksklusif; ibu hamil; model-edukersa; pra persalinan; precede-proceed models*

ABSTRACT

Background: *Indonesia is still facing big challenges related to exclusive breastfeeding (EBF). The proportion of EBF only reached 37.3%. Mothers have not considered a failure of exclusive breastfeeding as a health problem. Efforts are needed to change the knowledge and behavior of mothers.*

Objectives: *The research was to determine the effect of the prenatal comprehensive education model (Edukersa) on knowledge readiness, mother's ability and family support readiness for EBF.*

Methods: *Quasi-experimental research with the Edukersa Model intervention Preceded-Proceed Models, to see the readiness of mother's knowledge, readiness of mother's ability and readiness of family support. The population of all Trimester III Pregnant Women. The sample is the total population that meets the criteria of 80 pregnant women. Data collection before and after the intervention was carried out by interview. Data analysis was descriptive and paired data t-test.*

Results: *The results showed that in the initial conditions, the knowledge aspect had a low mean score (1.88). The desire of mothers for EBF is very high (2.99). Skill readiness is still low (1.56) and family support readiness is quite good (2.39). All aspects of readiness at the end of educational activities almost reached a maximum score (3.00). The Edukersa model is significantly (95%CI) proven to be able to increase mothers' knowledge readiness (p=0.000), mothers' skills readiness (p=0.000) and family/husband/closest person support readiness (p=0.023) for mothers to realize EBF.*

Conclusions: *Method edukersa is part of the solution for preparing prenatal mothers as a step towards successful EBF mothers in Cirebon City.*

KEYWORD*:* *exclusive breastfeeding (EBF); pregnant women: model-edukersa; prenatal; precede-proceed models*

Article info:
Article submitted on July 11, 2023
Articles revised on November 14, 2023
Articles received on February 28, 2025

INTRODUCTION

Some countries still face the challenge of low levels of exclusive breastfeeding. Indonesia (2018) proportion of exclusive breastfeeding (37.3%) (1), India (46,4%) (2). The proportion of exclusively breastfeeding in urban areas (40.7%) is slightly higher than in rural areas (33.6%). The proportion of partial breastfeeding patterns is 9.3%, and predominant breastfeeding is 3.3% (1). Mothers have even provided food for the first week after giving birth (3). The results of a study by Santoso et.al (2020) in the Fishermen's Community, Juntinyuat District, Indramayu Regency, show that the incidence rate of failure of exclusive breastfeeding is still very high, namely 96.6% per year (4).

There are many problems faced by mothers in the process of breastfeeding (3,5,6), so from the start, the mother decided not to EBF. Some mothers also do not intend to exclusively breastfeed from the start (7). Method edukersa designed to prepare knowledge, skills and support for family/husband/closest person.

The research findings of February 2018 by Februhartanty et.al revealed that mothers' awareness of the significance of breastfeeding is still insufficient. The primary reasons for the failure of exclusive breastfeeding are the challenges in accessing information and the difficulties faced by working mothers (8). Family support, especially for fathers, is one of the keys to successful breastfeeding and unfortunately, government intervention has not reached this target. The professionalism of health workers regarding the promotion of breastfeeding and actions to deal with breastfeeding problems still does not reach mothers due to geographical factors, mothers feel embarrassed to ask questions and mothers think that failure to exclusively breastfeed is not a problem (4).

Efforts by the Ministry of Health and its networks to increase exclusive breastfeeding

coverage through promotional campaigns and the implementation of Government Regulation No. 33 of 2012, through 10 steps of the exclusive breast feeding program, and fulfilling infrastructure needs are on going (9,10). Counseling services aim to create a supportive atmosphere, boost self-confidence (11,13,14,15) and encourage mothers to share experiences and participate in support groups (16,17,18). However, these efforts alone are insufficient to achieve the desired outcomes.

The precede-proceed model provides a structure that supports the planning and implementation of health promotion and disease prevention programs. This model has worked well on many health promotion topics and can effectively support one-off interventions or long-term programs. Like the Community Readiness Model, precede-proceed invites participation from community members and can potentially increase community ownership of the program. This theory is relevant for planning, intervening and evaluating programs to increase exclusive breastfeeding (19).

It is necessary to create a comprehensive educational model to increase knowledge and practice of exclusive breastfeeding. This research is projected to start from testing a model prototype to implementation on a district/city scale. So that later, if successful, the model will be included in a module, so that it can be used by anyone to accelerate the increase in exclusive breastfeeding in Indonesia.

MATERIALS AND METHODS

Setting

The research location is in Lemah wungkuk sub-district, Cirebon City, West Java Province. This location was chosen because of the district with the lowest coverage of EBF. Lemahwungkuk sub-district consists of five villages. The determination of the two selected villages was carried out by simple randomization.

Sample size calculation

The study population was all third-trimester pregnant women in March 2022. They live in Lemahwungkuk District, Cirebon City. The research sample is a total population of 80 pregnant women. Pregnant women are recruited based on screening criteria, including being willing without coercion, having a normal pregnancy, being able to communicate and having a supportive family.

Design

Field experiment research with a one-group pre-post test. The time span of the research was carried out in two months starting from the initial recruitment of subjects who were carried out voluntarily and an initial assessment of readiness (pre test) was carried out, approximately in two weeks. Interventions in the form of education and training are carried out 2-4 home visits with a visit span of one week. Interventions are carried out on aspects of readiness that are still lacking. The post test is carried out on the third or fourth visit depending on the subject's readiness achievements. Data collection was carried out using a structured and standardized questionnaire to measure knowledge readiness, mother's ability readiness and family/husband/closest person support readiness to exclusively breastfeed. The interventions were in the form of education and counselling by educators (nutritionists) and breastfeeding counsellors at the local health center. Intervention is given a maximum of four times with home visits. Home visits were carried out at an interval of one week. The intervention was stopped if it has met more than 80% of the total score on instrumental readiness. Data on knowledge readiness, mother's skill readiness and family/husband/closest person support readiness were measured before and after the intervention. This study has limited control over other influences from all field interventions. Method implementation edukersa , the initial stage is a visit to the pregnant mother's house, meeting at the community health center or posyandu. The initial assessment of knowledge and support aspects is carried out by educators and breastfeeding skills by counselors. The initial assessment (initial score) results are used as the basis for educational and counseling visits for the next stage. Education and counseling are carried out weekly and appointments are made first. Education and counseling will be stopped if it is stated that they have sufficient knowledge and skills to be ready to breastfeed. The maximum visit is four times. For this reason, researchers used two sub-districts to standardize variations. The t-test was used to measure the

difference in mean scores before and after the intervention at the end of the home visit. The research design is based on the Precede-Proceed Models (PPM) theory (19).

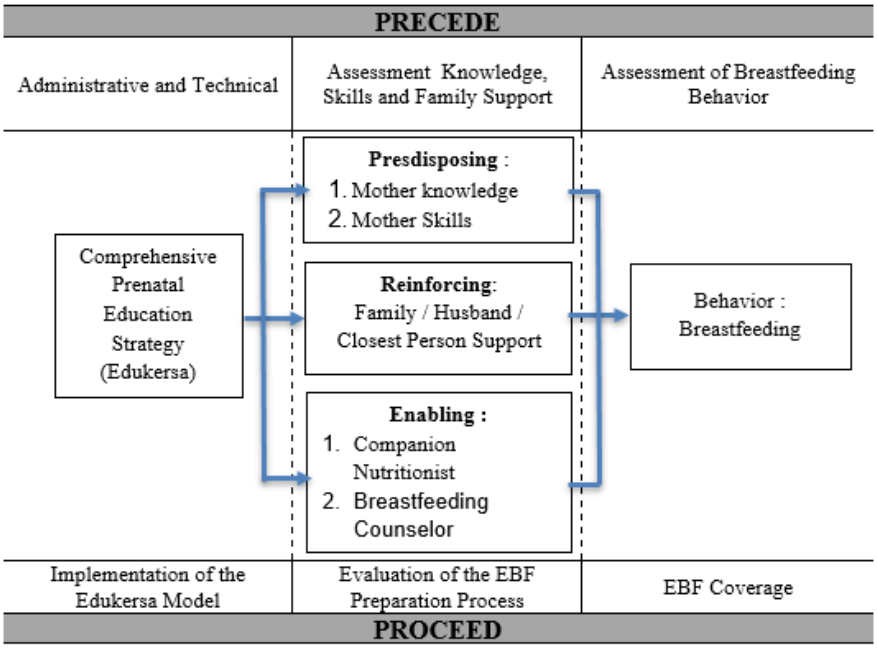

Figure 1. Edukersa Model

Data Collection Tool

Readiness Data

Questionnaire used was compiled based on breastfeeding counseling standards (20) and lactation management (21). Observation points were explored using the standards listed in the Breastfeeding and Lactation Management counselor's manual (20). This questionnaire is extracted from the lactation management training curriculum published by the Indonesian Ministry of Health. This curriculum is free to access. The questionnaire is in the form of an assessment rubric with a score of 0-3. Score-0 is don't know/skilled or just <25% know. Score-1 is don't know/skilled or just 25-55% know Score 2 is enough to know or only 56-75% know. Shows that the mother does not yet have the readiness of knowledge and abilities, and there is no readiness for the support of the closest family or friends. Score 3 indicates that the mother and family are ready for success in EBF. The questionnaire was divided into three parts, namely preparation of knowledge (32 questions), preparation of skills (27 questions), and preparation of support for family/closest person/husband (7 questions). All questions have been prepared with an answer key with an optimal condition value (score-3) outlined in a rubric as a reference for assistants in assessing the readiness of each aspect. The readiness score is calculated using the formula for the number of observations divided by the maximum score multiplied by one hundred percent.

Nutritional status data

Nutritional status was determined by measuring the upper arm circumference (UAC). A person is declared deficient in protein energy if the UAC size is <23.5 cm. Anaemia status was measured by haemoglobin (Hb) levels using the spectrophotometric method. The mother is declared anaemic if the Hb level is <11 g%..

RESULTS AND DISCUSSIONS

Eighty pregnant women participated in the study, with the majority (77.5%) falling within the range of healthy reproductive age (20-35 years old). However, there is still 25% with low educational attainment, and 86.3% of the mothers are not employed. The mothers have the authority to make decisions regarding breastfeeding, but some still suffer from chronic energy deficiency

and anemia. The results of the research show that the education method can increase the readiness of all three aspects of maternal readiness, namely aspects of knowledge, skills and family support.

Table 2. Characteristics of respondents

Characteristics of Pregnant Women	n	%
Mother's Age (Year)		
<20	9	11.3
20--35	62	77.5
>35	9	11.3
Formal education		
Elementary school	20	25.0
Junior high school	19	23.8
Junior high school	37	46.3
Bachelor	4	5.0
Work		
Doesn't work	69	86.3
Private sector employee	3	3.8
Self-employed	7	8.8
State Apparatus	1	1.3
People who can influence a mother's decision to breastfeed exclusively		
Husband	4	5.0
Mother	9	11.3
There isn't any	67	83.8
Nutritional Status according to Upper Arm Circumference		
Chronic lack of energy	12	15.0
Normal	68	85.0
Anemic Status		
Anemia	15	18.8
Normal	65	80.0
Total	80	100.0

The results of the research show that the education method can increase the readiness of all three aspects of maternal readiness, namely aspects of knowledge, skills and family support. Other problems include situations where either the mother or child is ill. Issues related to infants include being born with low birth weight (0.91), the mother suffering from tuberculosis (1.01), the baby having difficulty latching onto the mother's nipple (1.05), cleft lip and palate in babies (1.13), and what actions the mother should take in the face of these problems. This is where the role of breastfeeding educators and counselors comes in, providing support and home visits.

Table 2. Comparative analysis of initial and final readiness of the edukersa model intervention

Aspects of readiness	Base-line		End-line		95% CI		df	*p*
	Average	Min-Max	Average	Min-Max	Lower	Upper		
The knowledge readiness	1.88±0.56	0.81-2.99	2.98±0.04	2.78-3.00	-1.29	-0.90	31	0.000
The skill readiness	1.56±0.42	0.91-2.45	2.98±0.06	2.71-2.99	-1.52	-1.21	26	0.000
The readiness for support of the closest person	2.39±0.53	1.40-2.88	3.00±0.00	3.00-3.00	-1.09	-0.11	6	0.023

The Skill Readiness

Table 4 shows that out of 27 integrated maternal capability aspects that can realize exclusive breastfeeding, there are still 16 aspects of maternal capability that are lacking. Aspects of the readiness of the mother's skills in breastfeeding techniques, the ability to prevent and overcome problems that arise during the breastfeeding process experienced by mothers and babies, the average score reaches 1,88 (0,91- 2,99). The main issue for mothers is a lack of skills, especially in dealing with breastfeeding problems due to an inability to perform proper breastfeeding techniques. Other problems include situations where either the mother or child is ill. Issues related to infants include being born with low birth weight (0.91), the mother suffering from tuberculosis (1.01), the baby having difficulty latching onto the mother's nipple (1.05), cleft lip and palate in babies (1.13), and what actions the mother should take in the face of these problems. This is where the role of breastfeeding educators and counselors comes in, providing support and home visits.

Table 3. Knowledge Aspect before the edukersa model intervention

Knowledge Aspect	Score	
	Before	After
Knowledge of the anatomical parts of the breast	0.81	2.98
Mother's weight gain during pregnancy	0.81	2.78
Mother knows about Early Initiation of Breastfeeding	0.96	2.98
Mother's perception of Colostrum	1.28	2.99
Knowledge of the benefits of breastfeeding for the mother, baby, and family	1.33	2.98
Knowledge of Exclusive Breastfeeding (EBF)	1.39	3.00
Mother's actions if breast milk does not come out	1.41	2.95
Understanding sensitive areas for breast milk production	1.53	3.00
Mother knows the duration and frequency of breastfeeding	1.64	3.00
Mother knows the signs of a baby being adequately fed	1.64	3.00
Mother knows the correct breastfeeding technique	1.69	2.96
How to breastfeed when the mother's breasts are painful	1.70	2.96
How to prepare and give complementary feeding (MP-ASI)	1.73	3.00
Knowledge about Colostrum	1.79	3.00
How to breastfeed if the mother had a cesarean section	1.81	3.00
Knowledge about the benefits and advantages of breast milk and breastfeeding	1.84	3.00
The importance of exclusive breastfeeding until the baby is 6 months old (exclusive breastfeeding)	1.88	2.96

The Readiness for Support of the Closest Person

Support from the start before the intervention with the edukersa is quite good, there is only a low average score, do you know about Exclusive Breastfeeding? (1,4), which shows that the knowledge of the family/husband/closest person about EBF is still very low. This has the potential to influence attitudes and support for pregnant women for success in EBF. Overall, the average score after being given the edukersa increased in all aspects; knowledge readiness, ability readiness and family support experienced an increase in scores with a range of 2.78-3.00. Knowledge about weight gain during pregnancy has the lowest increase score (2.78). The results of the significance test with the t-test (95% CI) showed that there were significant differences in the readiness of the mother's knowledge (p=0.000), mother's skills (p=0.000) and the readiness of the support of her husband/closest person (p=0.023) before and after being given the Method Edukersa. The method known as "edukersa" involves visiting the house of pregnant mothers or meeting them at community health centers or "posyandu". In the initial stage, educators assess the mothers' knowledge and support aspects, while breastfeeding skills are assessed by counselors. The results of this initial assessment are used to determine the educational and counseling visits needed for the next stage. Results of this study show that edukersa can increase knowledge readiness, mother skills readiness and family support

readiness for EBF success. Method edukersa can complement and be an option among other educational methods or models to increase health knowledge, especially EBF. The supportive supervision model study which was conducted remotely resulted in an increase in the Infant and Young Child Feeding (IYCF) knowledge among a anganwadi center (AWS) by 7.97% (1). A significant increase in the identification of Sequence Alignment Map (SAM) children was observed. The Skin-to-Skin Contact (SSC) method contributed to better breastfeeding competence as measured by the Infant Breastfeeding Assessment Tool (IBFAT) score ($P < 0.0001$). More infants in the SSC group were exclusively breastfed at the first follow-up visit ($P = 0.002$) and 6 weeks ($P < 0.0001$). SSC causes a higher level of maternal satisfaction (14). EBF failure has even occurred early in the postpartum period. This prenatal preparation step is important because many mothers have problems breastfeeding, such as the findings of Suresh's (2014) study that after a week postpartum (3). Nearly 89% of mother-newborn pairs had one or more BF problems before discharge. The main concern was difficulty in positioning and attaching the baby to the breast (88.5%), followed by breast and nipple problems (30.3%).

BF problems persisted even after discharge in a significant proportion of mothers (72.5%). Research on mothers giving birth at Government Medical College and Hospital, the problems encountered during hospitalization were nipple abnormalities in 26.1%, enlarged breasts, sore/cracked nipples due to technical errors in 25%, perception of 'insufficient milk' in 37.5% and some problems faced by 11.3% of mothers (2). The perception of 'not enough milk' is the most common problem faced by both primiparous and multiparous mothers. Enlarged breasts and sore/cracked nipples are more common in first-time mothers. 25% of mothers encounter problems within the first 7-10 days of starting breastfeeding and the perception of 'not enough milk' is the single most common predictor of early cessation of breastfeeding. Problems often occur in young mothers and first-time mothers. Young and first-time mothers need more counselling about breastfeeding and related issues (5).

In terms of mothers' motivation for EBF this study is quite good. Almost all mothers have the desire to give their babies exclusively. Behera study at. al (2016) about 33% of pregnant women in Angul district, Odisha, India, have no intention of exclusively breastfeeding their babies for 6 months. Prelacteal feeding was intended by a third of women while 61.5% of women intended to be water fed for 6 months (7). The practice of breastfeeding greatly impacts nutritional status. Research by Satapathy et.al (2021) revealed the prevalence of children with Early Breastfeeding Initiation (IMD) (22)(23), exclusive breastfeeding (EBF), Minimum Meal Frequency (MMF), and Minimum Dietary Diversity (MDD) were respectively 62.2%, 59.7%, 41.9% and 19.4%. The prevalence of wasting, stunting and underweight among participants was 36.4%, 31.1% and 35.3%, respectively. The Decision Tree Evaluation concludes that the significant factors that classify and predict wasting are EBF, EIBF, and MDD, for stunting factors are EBF, MMF, and MDD and for underweight, significant factors are EBF, EIBF, and MDD (2).

Mothers who do not have sufficient knowledge and do not have the technical skills and overcome problems in breastfeeding are the main sources of EBF failure (6) (24-26). Method edukersa offers simple techniques to prepare mothers' knowledge, skills and readiness to support their family or those closest to them. Infants with EBF have more potential to have good nutritional status at a later age. Children aged 6-23 months in urban areas of Bangladesh who consume inadequate amounts of fruits and vegetables are considerably more likely to experience growth faltering ($p = 0.04$). This result may be attributed to the role of macro- and micronutrients present in fruits and vegetables, which play a crucial role in maintaining body functions and promoting growth (10). In addition, several studies have indicated the significant influence of macro and micronutrients obtained from fruits and vegetables on growth and development. There is a correlation between the average consumption between vitamin A and stunted growth. Vitamin A is crucial for optimal child development (8,9). This pertains to the stunted growth caused by decrease in the production of IGF-1, which is involved in the

release of growth hormone throughout the night. Furthermore, insufficiencies in zinc and iron might cause a decrease in food consumption, subsequently resulting in stunted growth. Ascorbic acid, present in fruits and vegetables, improves the absorption of non-heme iron and folate (29). This study suggests that there is no significant correlation between the consumption of unhealthy foods (high level of sugar and salt) and stunting in children aged 6-23 months in the Jember Regency. There was a prevalence of 77.8% of children aged 6-8 months who consumed unhealthy foods, 72.7% of children aged 9-11 months, and 78.9% of children aged 12-23 months. A study conducted in Thailand showed that the consumption of sweets and other unhealthy foods increased with age among children. Nevertheless, the study indicated a direct correlation between the intake of unhealthy foods and the frequency of stunting (13).

Unhealthy food consumption significantly contributes to children's decreased preference to consume complementary foods at home (30). The study found a direct correlation between the high UFC as well as the number of children who did not consume ASF (77.27%). The high prevalence of UFC (77.2%) was identified as the primary reason for the insignificant correlation between the incidence of stunting in children aged 6-23 months. There is no significant correlation between the geography residence and the occurrence of stunting in Jember Regency. The findings of this study differ with the conclusions of other studies carried out in India. The findings suggest that children residing in rural highland locations at an altitude of above 2000 masl have a higher likelihood of experiencing stunting. According to the study, the highest occurrence of stunting was observed in children between the ages of 18 to 59 months.

Table 4. Multivariate logistic regression analysis of factors associated with stunting in children aged 6-24 months

Conditions/Aspects	Score	
	Before	After
Short tongue (lingual Frenulum) in babies	0.91	2.83
Mother with Pulmonary Tuberculosis (TBC Paru)	1.01	2.96
Confused Baby with Nipple	1.05	2.80
Cleft Lip and Palate in Babies	1.13	2.83
Mother with Covid-19	1.14	2.98
Mother with HIV, Hepatitis	1.20	2.95
Insufficient Breast Milk Syndrome	1.24	2.71
Mother with Diabetes	1.28	2.98
Pumped Breast Milk	1.31	2.93
Storage of Pumped Breast Milk	1.33	2.95
Mastitis or Breast Inflammation/Abscess	1.36	2.96
Flat or Inverted Nipples	1.39	2.93
Premature Babies and Low Birth Weight Babies	1.41	2.89
Breast Milk Production	1.50	2.96
Jaundiced Baby (Ikterik)	1.51	2.89
Swollen Breasts	1.56	2.96

The challenging climate and topography pose a substantial barrier to the execution of government nutrition programs (31). In contrast, the presence of dependable transportation infrastructure in Jember Regency enables the smooth execution of government nutrition initiatives (32). Areas in Argentina with an altitude exceeding 2000 masl exhibit a high prevalence of stunting, wasting, and underweight (33).

This study was limited to groups living in areas with highland and coastal topographical characteristics, but did not consider the typical parental occupation of the region and income as differentiators. In some studies, it is mentioned that the parents' occupations that are in accordance with the topographic conditions of the region of residence also influence the incidence of stunting and children's food choices.

CONCLUSIONS AND RECOMMENDATIONS

The aspect of maternal readiness determines the mother's success in achieving EBF success. The mother's readiness aspect includes three aspects of readiness, namely the knowledge aspect, the ability aspect and the support of family or those closest to them. Aspects of knowledge that are still very low require intensive educational efforts for prenatal mothers, especially knowledge regarding; Knowledge of the anatomical parts of the breast, the Mother's weight gain during pregnancy, the Mother knows Early Initiation of Breastfeeding, Mother's perception of Colostrum, Knowledge of the benefits of breastfeeding for the mother, baby, and family, Knowledge of Exclusive Breastfeeding (EBF), Mother's actions if breast milk does not come out dan understanding sensitive areas for breast milk production.

Aspects of maternal preparedness are still very low regarding skills in handling technical problems with breastfeeding, sick babies and sick mothers. Mothers need to be trained in simple techniques and where to seek help from medical personnel. The presence and assistance of a breastfeeding counsellor is very necessary. It is recommended that the counsellor accompany them with home visits, especially during critical periods, namely the prenatal period and the first six months postnatal..

Model edukersa offers a solution for preparing knowledge, skills and family support for the success of EBF. The edukersa will help health workers, health cadres and pregnant women to prepare themselves. Mothers become aware of the various possible problems that are likely to be encountered during the breastfeeding process and how to prevent and overcome them. The persistence of nutrition officers and breastfeeding counsellors and mothers' compliance will have an impact on the coverage of EBF.

ETHICAL ISSUES

We would like to thank the Republic of Indonesia Health Agency (PPSDM) and the Director of the Tasikmalaya Ministry of Health Polytechnic for research funding support. To the Cirebon City Health Service and Covid-19 Task Force. Kesunean and Pegambiran Health Center, Health Cadres for their contribution to this research. Thank you to the enumerators and all respondents who have agreed to support this research.

ACKNOWLEDGEMENT

We would like to thank the Republic of Indonesia Health Agency (PPSDM) and the Director of the Tasikmalaya Ministry of Health Polytechnic for research funding support. To the Cirebon City Health Service and Covid-19 Task Force. Kesunean and Pegambiran Health Center, Health Cadres for their contribution to this research. Thank you to the enumerators and all respondents who have agreed to support this research.

REFERENCES

1. Health. RI. Main Results of Basic Health Research (RISKESDAS). vol. 44. 2018. https://doi.org/10.1088/1751-8113/44/8/085201.
2. Satapathy DM, Karmee N, Sahoo SK, Patro SK, Pandit D. Effect of feeding practices on nutritional status of infants and young children residing in urban slums of Berhampur: A decision tree approach. Indian J Public Health 2021;65:147–51. https://doi.org/10.4103/ijph.IJPH_1272_20.
3. Suresh S, Sharma KK, Saksena M, Thukral A, Agarwal R, Vatsa M. Predictors of breastfeeding problems in the first postnatal week and its effect on exclusive breastfeeding rate at six months: experience in a tertiary care centre in Northern India. Indian J Public Health 2014;58:270–3. https://doi.org/10.4103/0019-557X.146292.
4. Sulistiyono P. The rate of failure of exclusive breastfeeding in fishing communities during the 2022 Covid-19 pandemic.
5. Editor D. Problems of Breast Feeding from Birth till Discharge- Experience 2009;53.
6. Dewi P., Watiningsih AP, Megaputri PS, Dwijayanti LA, Ni Ketut Jayanti IGADW. Predictors of Failure to Give Exclusive Breastfeeding in the Work Area of the Sawan I Public Health Center, Buleleng Regency. J Science Midwives 2020; V:1–10.
7. Behera D, Pillai AKK. Intention toward optimal breastfeeding among expecting mothers in Angul district of Odisha, India. Indian J Public Health 2016;60:81–5. https://doi.org/10.4103/0019-557X.177350.

8. Febriyanti A. Factors Influencing Exclusive Breastfeeding in Banjar Kaja Sesetan, Working Area of Health Center I South Denpasar. . J Ilm Midwifery 2019;2.
9. WHO. Infant and young child nutrition Global strategy on infant and young child feeding 2002;53.
10. Ministry of Health. RI. Government Regulation of the Republic of Indonesia Number 33 of 2012 Concerning Exclusive Breastfeeding. 2012.
11. MOH. RI. Mother Toddler Class Facilitator Handbook. vol. 53. 2013.
12. Mufdlilah. Exclusive Breastfeeding Policy: Constraints and Communication. Yogyakarta: Nuha Medika; 2017.
13. Mahanta B, Mahanta TG, Boruah M. Knowledge and practice patterns of integrated child development services scheme supervisors (AWS) following capacity building and remote supportive supervision. Indian J Public Health 2022;66:300–6. https://doi.org/10.4103/ijph.ijph_725_22.
14. Srivastava S, Gupta A, Bhatnagar A, Dutta S. Effect of very early skin-to-skin contact on success at breastfeeding and preventing early hypothermia in neonates. Indian J Public Health 2014;58:22–6. https://doi.org/10.4103/0019-557X.128160.
15. Amir A. The Effect of Breastfeeding Counseling on Breastfeeding Behavior, Breast Conditions and Infant Growth in Makassar City. 2016.
16. Mardiana, Fauzi L, Budiono I. Breastfeeding Motivators as Efforts to Increase Exclusive Breastfeeding Coverage. J Abdimas 2018;22:35–40.
17. Suhertusi B, Desmiwarti D, Nurjasmi E. The Effect of Health Promotion Media on Exclusive Breastfeeding on Increasing Mother's Knowledge in the Working Area of the Lubuk Begalung Health Center Padang in 2014. J Andalas Health 2015;4:17–22. https://doi.org/10.25077/jka.v4i1.177.
18. Cahya Rosida DA, Nuraini I, Rihardini T. Efforts to Increase Exclusive Breastfeeding Coverage with an Emotional Demonstration Approach "Breastfeeding Is Enough." Dedication J Community Service 2020;4:25–32. https://doi.org/10.31537/dedication.v4i1.290.
19. Anggun Rachmwati, Siti Sulastri A. Theory of Precede-Proceed Models. J Health 2012;6:9–33.
20. The Indonesian Society of Perinatology. Breastfeeding Counselor 40 Hours Module. nd
21. The Indonesian Society of Perinatology. Lactation Management. 2020.
22. Fahriani R, Rohsiswatmo R, Hendarto A. Factors Influencing Exclusive Breastfeeding to Full-Term Infants Undertake Early Breastfeeding Initiation (IMD). Sari Pediatr 2016;15:394. https://doi.org/10.14238/sp15.6.2014.394-402.
23. Salamah U, Prasetya PH. Factors Affecting Mother's Failure in Exclusive Breastfeeding. J Midwifery Malahayati 2019;5:199–204. https://doi.org/10.33024/jkm.v5i3.1418.
24. Catra Ibriza Wendiranti, Hertanto Wahyu Subagio HSW. Risk Factors for Failure of Exclusive Breastfeeding. J Nutr Coll 2017;6:360–7.
25. Fikawati S, Syafiq A. Causes of Success and Failure of Exclusive Breastfeeding Practices. Kemas Natl Public Health J 2009;4:120. https://doi.org/10.21109/kesmas.v4i3.184.
26. Ginting EP, Zuska F, Simanjorang A. Factors Influencing Failure to Initiate Early Breastfeeding in Post Sectio Caesarea Mothers at the Binjai Army Hospital in 2018. J Health Perintis (Perintis's Health Journal) 2019;6:81–8. https://doi.org/10.33653/jkp.v6i1.213.