Effectiveness of Breastfeeding Counseling Training to Improve Knowledge, Attitude, and Skill of Support Groups

Gita Sekar Prihanti[1*], Dwi Wilyani[1], Alifah Hasna[1], Alberta Rohadatul 'Aisy[1], Bagus Putra Kurniawan[1], Dita Sulung Saputri[1], Maharani Tontowi[1], Meuthia Quin Lathiefa Geraldine Elfahmi[1], Umi Arof Arum Mufida[1], Wellystianti Panca Ningrum Aprilia Musa[1]

[1]Department of Medical Education, Faculty of Medicine, University of Muhammadiyah Malang

ABSTRACT

Background: *WHO and UNICEF advocate exclusive breastfeeding for the first six months of baby's life and continue with complementary foods for up to two years, supporting the 2030 SDGs target for optimal health during the first 1000 days. The success of exclusive breastfeeding is still limited in some areas; therefore, it is necessary to establish breastfeeding support groups. Effective breastfeeding also requires educational interventions that change attitudes, knowledge, and skills in breastfeeding support groups. This study aims to determine the effect of breastfeeding counseling training on the knowledge, attitude, and skills of breastfeeding support groups.*

Method: *The study was conducted in three villages in the work area of the Pesantren (Islamic Boarding House) II Public Health Center Kediri: Jamsaren, Tosaren, and Pakunden villages. The study was administered from January to February 2020. The sample was taken with Purposive Sampling, and the number of samples was 60, varying from pregnant women, nursing mothers, husband/family, cadres, and midwives. This study used a quasi-experiment with one group pre-test-post-test design where all respondents did a pre-test, got lactation counseling training, and then took a post-test. The questionnaire evaluated knowledge, attitudes, and skills, and assessed by modifying lactation counseling training observation sheets from WHO.*

Result: *This study exercised a quasi-experimental model with one group pre-test-post-test design. Data were analyzed univariately, while comparative testing was carried out bivariate using the Wilcoxon test, and the Mann-Whitney. Wilcoxon's analysis showed that breastfeeding counseling training had an influence on the knowledge (p=0.000), attitudes (p=0.001), and skills (p=0,000) of the breastfeeding support group. Breastfeeding counseling training is effective in increasing knowledge, attitudes, and skills. It was expected that the Health Department and Public Health Center implement it regularly with wider coverage and automatically create a new breastfeeding support group.*

***Correspondence**
sekar@umm.ac.id

Article History
Received 5 January 2024
Revised 8 August 2024
Accepted 19 November 2024
Available Online 18 December 2024

Keywords
Exclusive breastfeeding
Breastfeeding training
Breastfeeding support group

DOI
10.14710/jpki.20.1.44-54

INTRODUCTION

Breast milk is the primary food babies need. World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend that babies are exclusively breastfed for the first six months, followed by breast milk and complementary foods for up to two years of age or more. Exclusive breastfeeding is when infants receive breast milk without mixing it with water, tea, herbal preparations, or food in the first six months of life, except for rehydration fluids, vitamins, mineral supplements, or drugs.(1) The target of SDGs in 2030 is to improve nutrition and ensure health starting from the first 1000 days by providing exclusive breastfeeding for the first six months of life.(2)

In 2023, from the Health Statistics Profile data, East Java ranks 13th in the percentage of children aged 0-23 months who are still breastfed, at 79.48%. The highest percentage was West Nusa Tenggara (83.93%), while the lowest was Papua (61.45%). East Java showed an increase from 74.51% in 2022.(3) According to the Health Profile of Kediri City in 2018, the number of babies who got exclusive breastfeeding was 64.15% of the total number of the examined babies, and the Pesantren II Public Health Center ranks fourth lowest in Kediri (61.8%).(4)

Many factors are associated with the success of exclusive breastfeeding; one is the formation of breastfeeding support groups to influence breastfeeding

beliefs. This factors allows us to examine if there are systems of support for mothers and community outreach in place to promote and support optimal breastfeeding/IYCF (Infant and Young Child Feeding) practices, and to protect mothers from commercial influence against breastfeeding.(5) The Breastfeeding Support Groups comprise pregnant women and nursing mothers whose babies are under two years old and guided by motivators, namely cadres, and midwives.(6) The WHO 40-hour breastfeeding counseling module on health workers has proven effective in increasing attitudes and knowledge of exclusive breastfeeding.(7) In addition, according to a study by McCoy et al., 2018 counseling between pregnant women and nursing mothers can increase the duration of breastfeeding by up to 12 month.(8) Intervention in antenatal classes, one-on-one breastfeeding consultations with lactation consultants after birth, and support groups for postnatal breastfeeding, including face-to-face consultations with lactation consultants, can help convince mothers to do an exclusive breastfeeding.(9) Pesantren II Public Health Center has made efforts to increase the success of exclusive breastfeeding in its work area by forming a breastfeeding support group. However, it is still limited to 3 villages: Burengan, Singonegaran, and Tinalan. Meanwhile, three others, Pakunden, Jamsaren, and Tosaren villages still need additional breastfeeding support groups.

Shakya et al. examine the community's effectiveness in supporting mothers in improving the practice of exclusive breastfeeding. They obtain an increase in the duration of exclusive breastfeeding for mothers with community members' skills.(10) Pamella (2020) states that promoting support groups for breastfeeding and pregnant women can increase knowledge and attitudes toward exclusive breastfeeding.(11) Furthermore, a study conducted by Diana et al., (2019) find an increase in knowledge, attitudes, and skills in breastfeeding by conducting educational interventions during pregnancy until breastfeeding.(12) This study evaluates the breastfeeding support group's knowledge, attitudes, and skills.

This is the background to the topic of exclusive breastfeeding in this research. Researchers want to evaluate the knowledge, attitudes, and skills of supporters based on the module recommended by WHO. Based on gaps in the current organizational structure or availability of such support groups in the three target villages, the absence of inadequacy of these groups may hinder progress in increasing exclusive breastfeeding rates. This study aims to determine the effectiveness of lactation counseling training to increase the breastfeeding support groups in the work area of the Pesantren II Public Health Center in Kediri. The projected lactation counseling training is expected to produce breastfeeding motivators that can support the formation of breastfeeding support groups in these three villages. The final result isincreasing exclusive breastfeeding achievements in the Pesantren II Public Health Center Kediri work area.

METHOD

This study implemented a quasi-experimental model with one group pre-test-post-test design. The data generation was conducted in three villages within the work area of the Pesantren II Public Health Center in Kediri, namely Jamsaren, Tosaren, and Pakunden villages from January to February 2020. The population of this study was all pregnant women, breastfeeding mothers, husbands, other family members who lived in the same house, cadres in the sub-districts of Jamsaren, Tosaren, and Pakunden, and 1,248 midwives who worked at Pesantren II Public Health Center Kediri.

The population of this study was all pregnant women, breastfeeding mothers, husbands, other family members who lived in the same house, cadres in Jamsaren, Tosaren, and Pakunden Villages, and midwives who worked at Pesantren II Public Health Center, Kediri (1,248 people). The samples used in this study were those who met the inclusion and exclusion criteria. Sampling was conducted using the Purposive Sampling technique to 60 people. Data were collected from the respondents using a validated questionnaire. The questionnaire was a modified observation sheet sourced from the 40-hour counseling training module from WHO.(1) The independent variable was lactation counseling training, while the dependent variable was the respondents' knowledge, attitude, and breastfeeding counseling skills measured before and after the training. The questionnaire comprised ten questions for knowledge assessment and twenty questions for attitude. Observation sheets assessed the respondent's skills using tools such as breastfeeding kits (baby dolls and phantom mammae). The questionnaire was tested for validity and reliability with a Cronbach's alpha 0.7.

The flow of this research was by taking respondents' data from the regional midwife. Furthermore, sample respondents were invited to the public health center to fill out a pre-test questionnaire of knowledge and attitudes and demonstrate breastfeeding counseling skills with breastfeeding kits before training. The event continued with counseling training with counselors who had attended 40-hour lactation counseling training from WHO. The training was conducted one day with materials about the importance of exclusive breastfeeding, how to breastfeed correctly, introduction to breastfeeding support

group, and steps to become a breastfeeding counselor. The program ended with filling out the post-test questionnaire of knowledge and attitudes and demonstrating breastfeeding counseling skills. The data were analyzed univariately. Comparative testing was carried out bivariate analysis using the Wilcoxon test and the Mann-Whitney test, which were processed using the SPSS for Windows version 24 program. The Health Research Ethics Committee has reviewed this study for ethical clearance by Chakra Brahmanda Lentera Institution, and ethical approval No.004/26/V/EC/KEPK/Lemb.Candle /2020.

RESULT AND DISCUSSION

Table 1 shows the characteristics of the respondents, with the frequency and percentage for each variable. The characteristics of respondents were used to determine diversity based on age, gender, education, profession, marital status, and specification of respondents. Based on the results, most respondents were between 20-39 years old (35 or 58.3%), female (56 or 93.3%), senior high school graduates (38 or 63.3%), did not work (40 or 66.7%), and married (56 or 93.3%). The specification of respondents were cadres (25 or 41.7%), midwives (11 or 18.3%), families (9 or 15%), pregnant women in the third trimester (6 or 10%), breastfeeding mothers (6 or 10%) and husband (3 or 5%).

The component in Table 2 shows three important areas that had notable gains as a result of the training program: breastfeeding-related knowledge, attitudes, and abilities. Fifty percent (50%) of participants knew the advantages of nursing before the course, such as how it gives babies vital nutrition and antibodies. This rose to 83.3% following the session, indicating a higher understanding of the health benefits of breastfeeding. Furthermore, knowledge of the dangers of formula feeding, such as increased susceptibility to infections and long-term health issues, increased from 41.7% to 75%, demonstrating how well the instruction filled in knowledge gaps.

Table 1. Characteristif respondent

Variable	Amount	%
Age		
20-39 years	35	58.3
40-59 years	23	38.4
≥60 years	2	3.3
Gender		
Male	4	6.67
Female	56	93.3
Education		
Junior high school	3	5
Senior high school	38	63.3
College	19	31.7
Profession		
Work	20	33.3
Doesn’t work	40	66.7
Marital status		
Married	56	93.3
Widow	4	6.7
Classification		
Pregnant mother's third trimester and breastfeeding mothers	6	10
Husband	3	5
Family	9	15
Cadres	25	41.7
Midwife	11	18.3

Table 2. Univariate analysis results of knowledge, attitudes, and skills from pre-test and post-test

COMPONENT	PRE-TEST FREQUENCY	POST-TEST FREQUENCY	PRE-TEST (%)	POST-TEST (%)
KNOWLEDGE				
BENEFITS OF BREASTFEEDING	30	50	50	83.3
DEFINITION OF EXCLUSIVE BREASTFEEDING	35	55	58.3	91.7
DANGERS OF FORMULA FEEDING	25	45	41.7	75
A NEED TO STOP BREASTFEEDING WHEN SICK	28	48	46.7	80
BREAST MILK AND ITS CARE	20	40	33.3	66.7
BREASTFEEDING MANAGEMENT FOR WORKING MOTHERS	18	42	30	70
DEFINITION OF COUNSELLING	24	38	40	63.3
PROVIDING BREASTFEEDING ADVICE	22	46	36.7	76.7
EMPATHY WHEN MOTHER HAS SORE NIPPLES	26	40	43.3	66.7
ADVICE ON USING BOTTLE FEEDING	30	50	50	83.3
ATTITUDES				
ATTITUDE TOWARDS EARLY INITIATION OF BREASTFEEDING (EIB)	35	55	58.3	91.7
ATTITUDE TOWARDS FORMULA MILK ADVERTISING	25	40	41.7	66.7
ATTITUDE TOWARDS BREASTFEEDING PROTECTION	30	48	50	80
SKILLS				
CORRECT BREASTFEEDING POSITION	20	48	33.3	80
PROPER BABY LATCHING TECHNIQUE	18	42	30	70
EFFECTIVE SUPPORT FOR BREASTFEEDING MOTHERS	22	40	36.7	66.7
PRACTICAL BREASTFEEDING ADVICE	28	50	46.7	83.3

In terms of attitudes, support for Early Initiation of Breastfeeding (EIB) has significantly improved. Before the training, 58.3% of participants agreed that breastfeeding should begin within the first hour of a baby's birth to stabilize them and foster bonding. This support increased to 91.7% following the course, demonstrating a favorable change in mindset. In addition, support for banning formula advertisements rose from 41.7% to 66.7%, indicating a greater awareness of the advantages breastfeeding protection can have on a baby's health. There were clear practical improvements in terms of abilities. After training, proper baby latching techniques improved from 30% to 70%, and correct breastfeeding positions increased from 33.3% to 80%. These abilities are crucial for assuring efficient feeding and avoiding typical breastfeeding issues including nipple soreness. Furthermore, from 36.7% to 66.7%, participants' capacity to counsel and support others with breastfeeding rose, indicating that the training gave them the theoretical and practical know-how needed to effectively support breastfeeding. The study results show that lactation counseling training is effective in increasing respondents' knowledge. It is in line with Nehring-Gugulska et al., who stated that lactation training was an effective source of knowledge for health workers who provided breastfeeding support.(13) Breastfeeding counseling training activities for cadres integrated healthcare centers could increase knowledge about providing good and correct counseling.(14) Counseling training teaches an open attitude, being a good listener, and creating a comfortable atmosphere so that it can explore and develop a mother's knowledge for a better breastfeeding quality.(15) Mother's knowledge is an essential factor in the success of exclusive

breastfeeding.(16-18)

Table 3 projects significant results on knowledge, attitudes, and skills with a value ($p < 0.05$). It can be interpreted that there were changes in knowledge, attitudes, and skills in pregnant women and breastfeeding mothers between pre-test and post-test after training lactation counseling. In addition, the variables of family or husband also obtained significant results ($p < 0.05$); therefore, there was a crucial change in knowledge, attitudes, and skills in the family or husband between the pre-test and post-test after lactation counseling training was performed. The Wilcoxon test showed that breastfeeding counseling training significantly improved cadres' knowledge, attitudes, and skills, with a p-value < 0.05 for all variables. After counseling training, enough skills (7 or 63.6%) and good skills (4 or 36.4%) were projected. From the test analysis, significant results were obtained ($p < 0.05$); it could be interpreted that there was a change in knowledge, attitudes, and skills of midwives between the pre-test and post-test after lactation counseling training was given. Changes in respondent's knowledge, attitudes, and skills between the pre-test and post-test after the provision of counseling training have significant results ($p < 0.05$). Based on the Wilcoxon test, breastfeeding counseling training significantly increased knowledge, attitudes, and skills in all respondent groups (pregnant-breastfeeding mothers, families, cadres, and midwives). Furthermore, breastfeeding training conducted before and after birth increased the level of maternal knowledge and duration of breastfeeding as well as increased the success of exclusive breastfeeding.(19-21) In line with the statement, breastfeeding support interventions (professional staff) added BMI, breastfeeding rates, and exclusive breastfeeding.(5,22) Mothers with high knowledge about exclusive breastfeeding practiced breastfeeding more than those with low knowledge.(23) Counselling training was provided so that pregnant and breastfeeding mothers counseled other mothers to increase breastfeeding initiation, duration, and exclusivity and reduced the premature feeding.(24,25) It also mitigated the risk of a mother to stop breastfeeding.(26)

Community support, including peers, improved breastfeeding success, where mothers were heavily influenced by the beliefs and experiences shared by their peers.(27-29) Such support initiated breastfeeding, prolonged the duration of breastfeeding, and prevented infants from solid food intake prematurely.(8) Lactation support during the first days and weeks after birth was central to lactation success.(30) Important training involved fathers, as education in infant feeding was not only mastered by mothers. Fathers gained additional knowledge about the benefits of breastfeeding for infants and mothers, the importance of exclusive breastfeeding, and techniques to evaluate the welfare of their children.(31)

Education and counseling conducted for families can improve knowledge, attitudes, and skills to prevent and overcome breastfeeding problems and increase a mother's confidence.(32) Burgio et al. (2016) showed that paternal involvement was necessary because the partner has the knowledge about the benefits of breastfeeding and the reality of practice. It will make fathers encourage and support mothers to start and continue breastfeeding.(33) Fathers also play an essential role in influencing breastfeeding initiation, duration, and exclusivity.(34-36) Contrary to Abu-Abbas et al., (2016) fathers in Jordan had poor participation in breastfeeding decision-making and considered it outside their domain.(37) This study concluded that respondents such as midwives, cadres, pregnant and lactating mothers, husbands, and families, had higher knowledge after lactation counseling training than before training.

Based on knowledge before the intervention, the majority of respondents were in the “poor” knowledge category, including 100% of pregnant/breastfeeding mothers, 83.3% of family/husbands, 92% of cadres, and 81.7% of total respondents. However, after the intervention, there was a significant decrease in the “poor” category, such as among pregnant/breastfeeding mothers, which dropped to 16.7%. The “sufficient” category, which was previously almost non-existent, increased, especially in pregnant/breastfeeding mothers, which rose to 58.3%. The “good” category, which was initially minimal, also increased, especially among families/husbands and cadres, indicating an improvement in knowledge after the intervention. In our study, before the intervention, the majority of respondents were in the “poor” attitude category, 66.7% of pregnant/breastfeeding women and 84% of cadres. After the intervention, there was a decrease in the “poor” category and a significant increase in the “fair” and “good” categories, indicating a more positive change in attitude towards the materials provided. The results of the data analysis suggested that lactation counseling training was effective in improving respondents' attitudes for the better. It was in line with Habib et al., who showed an increase in individuals comparing better attitudes from pre-test to post-test.(7) Breastfeeding training was essential in enhancing mothers' attitudes toward exclusive breastfeeding. Most mothers with first children needed to gain basic knowledge about breastfeeding in person, asking other family members or parents even though the information could be less accurate.(38,39)

Breastfeeding training was better provided by medical personnel or breastfeeding counselors who have certified breastfeeding training.(40)

This indicated that one of the attitude assessments was the confidence of the mother who would and was breastfeeding and the mother's perspective on problems or challenges while breastfeeding. Attitudes did not only depend on the mother; some studies said the husband's attitude had the most potent influence on the mother in deciding whether to start and continue breastfeeding.(31) Negin et al. stated that grandmothers could influence exclusive breastfeeding. Positive breastfeeding opinions from a grandmother could affect a mother by up to 12%.(41)

Table 4 shows the results of the Mann-Whitney test during the pre-test, showing no significant difference in knowledge, attitudes, and skills between pregnant-breastfeeding mothers and family-husbands. It was because pregnant- breastfeeding mothers and family-husbands had poor knowledge before counseling training. Table 3 also explains significant knowledge, attitudes, and skills differences between cadres and midwives before lactation counseling training. Most cadres had poor knowledge (92%), and the others had enough knowledge (8%), while more than half of midwives had enough knowledge. In the post-test, there were no significant differences in knowledge and attitudes between pregnant-breastfeeding mothers and husbands-families. In contrast, significant differences were obtained regarding skills between pregnant-breastfeeding mothers and husbands-families.

Table 3. Bivariate test results for total respondents (pre and post-test)

Variables	Pregnant mother – breastfeeding mother				
	Pretest		Posttest		Wilcoxon's test
	n	%	n	%	
Pregnant mother – breastfeeding mother					
Knowledge					
Poor	12	100	2	16.7	**0.004**
Enough	0	0	7	58.3	
Good	0	0	3	25	
Attitude					
Poor	4	33.3	0	0	**0.034**
Enough	8	66.7	10	83.3	
Good	0	0	2	16.7	
Skills					
Poor	12	100	1	8.3	**0.002**
Enough	0	0	8	66.7	
Good	0	0	3	25	
Family or husbands					
Knowledge					
Poor	10	83.3	1	8.3	**0.002**
Enough	2	16.7	7	58.3	
Good	0	0	4	33.4	
Attitude					
Poor	3	25	2	16.7	**0.008**
Enough	9	75	4	33.3	
Good	0	0	6	50	
Skills					
Poor	12	100	5	41.7	**0.008**
Enough	0	0	7	58.3	
Good	0	0	0	0	

Cadres					
Knowledge					
Poor	23	92	14	56	**0.004**
Enough	2	8	7	28	
Good	0	0	4	16	
Attitude					
Poor	1	4	9	36	**0.000**
Enough	21	84	16	64	
Good	3	12	0	0	
Skills					
Poor	25	100	1	4	**0.000**
Enough	0	0	23	92	
Good	0	0	1	4	
Midwives					
Knowledge					
Poor	4	36.4	0	0	**0.034**
Enough	6	54.5	8	72.7	
Good	1	9.1	3	27.3	
Attitude					
Poor	0	0	0	0	**0.046**
Enough	6	54.5	2	18.2	
Good	5	45.5	9	81.8	
Skills					
Poor					**0.020**
Enough	1	9.1	7	63.6	
Good	2	18.2	4	36.4	
Total respondent					
Knowledge					
Poor	49	81.7	17	28.3	**0.000**
Enough	10	16.7	29	48.3	
Good	1	1.7	14	23.3	
Attitude					
Poor	8	13.3	2	3.3	**0.001**
Enough	43	71.7	26	43.3	
Good	9	15	32	53.3	
Skills					
Poor	57	95	7	11.7	**0.000**
Enough	1	1.7	45	75	
Good	2	3.3	8	13.3	

Table 4 relates the results of the Mann-Whitney tests during the pre-test. There was no significant difference in knowledge, attitudes, and skills between pregnant-breastfeeding mothers and family-husbands. However, there was a significant difference in knowledge between cadres and midwives. In the post-test, there were no significant differences in knowledge and attitudes between pregnant-breastfeeding mothers and family-husbands, yet there were significant differences in skills. The post-test also suggested significant differences in knowledge and skills between cadres and midwives, but there were no significant differences in attitudes.

The post-test indicated significant differences in knowledge and skills between cadres and midwives, but there was no significant difference in attitudes. The midwife's knowledge increased to be sufficient and good

after the post-test, while in the cadre, more than half still had poor knowledge. In skills, midwives performed good skills after counseling training, while most of the cadres had enough skills, and only one person became good. Contrary to this, the results could have been more meaningful between cadres and midwives regarding attitude and knowledge. In attitude, midwives had sufficient and good attitudes, while most cadres had sufficient attitudes; only one person had poor attitudes, and the other 12% had a good attitude. In line with this, most midwives had poor skills; only one person had sufficient skills, and only 18.2% had good skills.

Table 4. The comparative scores among respondents

Variable	Pre-test		Post-test	
	Mean rank	p-value	Mean rank	p-value
Knowledge	11.50	0.148	11.71	0.534
Attitude	15.40	0.008	15.64	0.008
Skills		0.007		0.011
Cadres	17.00		16.58	
Midwife	21.91		22.86	

This study concluded that there were positive changes in attitudes among midwives, cadres, pregnant and breastfeeding mothers, husbands, and families after counseling training; they became better. This research proved that lactation counseling training effectively improves cadre skills, as seen from the increase in post-test scores. It is in line with Handayani et al. who claim that Posyandu (integrated health service post) cadre training could improve cadres' knowledge, abilities, and skills in conducting health promotion about exclusive breastfeeding.(42)

In addition to cadres, the respondents in this study were midwives.(43) Effective communication carried out by midwives can increase maternal support and confidence.(44) This study indicated that midwife skills improved after lactation training. This was consistent with the statement that training lactation counselors, midwives, or health workers could improve their ability and interpersonal communication skills in providing counseling services.(45,46) However, in the study(47) it was found that midwives were one source of information that could not be understood when mothers consulted about breastfeeding. Mothers understand the information provided by breastfeeding counselors or doctors better than the information provided by midwives. Nilsson et al. explained that most midwives performed poor skills during pre-tested and improved after the post-test.48 The results of this study were in line with Alberdi et al. and Wouk et al.(9,49)

From the study, it was clear that before the intervention, all groups showed low skills, with 100% of pregnant/breastfeeding women and cadres in the "poor" category. After the intervention, there was a drastic increase into "fair," or enough category especially among cadres and midwives, even though the "good" category was still limited. This study also conducted breastfeeding training for pregnant and breastfeeding mothers. Before training, all pregnant women lacked skills and became sufficiently good and well after the training was carried out. It is in line with Parashar et al., suggesting that only 7.5% of 200,000 breastfeeding mothers found the correct position and attachment when breastfeeding.(50) Therefore, breastfeeding skills need to be improved for both pregnant women and those who are breastfeeding. It is relevant to Yimaz et al., describing that breastfeeding training carried out before and after birth increased the success rate of exclusive breastfeeding.(20) At the same time, the experience of mothers who had breastfeeding was also very effective in improving the skills of breastfeeding mothers.(28)

CONCLUSION

Breastfeeding counseling training was seen effective in increasing knowledge, attitudes, and skills in the breastfeeding support groups at the Pesantren II Public Health Center in Kediri. Breastfeeding counseling training needed to be held regularly by the Department of Health and Public Health Center. Training should be projected for comprehensive coverage, such as community leaders, religious figures, and empowerment and family welfare members, to provide excellent and precise education to the community and automatically create a new breastfeeding support group, especially for pregnant and breastfeeding women. On the other hand, health workers and cadres can provide counseling to the community, especially pregnant women and breastfeeding mothers, to increase the amount of exclusive breastfeeding coverage in the working area of the Pesantren II Public Health Center Kediri. The Public Health Center has to evaluate the performance of health workers and cadres in lactation counseling regularly, which can be done in the first, third, and sixth months after lactation counseling training. Support for pregnant women or nursing mothers should be increased so that they can provide exclusive breastfeeding. Researchers can also conduct further research on supporting the breastfeeding support groups for exclusive breastfeeding by routinely evaluating by telephone or phone calls for six months after birth..

Acknowledgment

The authors are grateful to the Faculty of Medicine, University of Muhammadiyah Malang.

Conflict of Interest

The authors declare there is no conflict of interest.

REFERENCES

1. WHO. Breastfeeding. WHO. 2015. Available from: https://www.who.int/news-room/questions-and- answers/item/breastfeeding
2. Bappenas RI. Roadmap of SDGs Indonesia: a Highlight Ministry of National Development Planning/National Development Planning Agency. 2021. Available from: https://sdgs.bappenas.go.id/website/wp-content/uploads/2021/02/Roadmap_Bahasa-Indonesia_File-Upload.pdf
3. Badan Pusat Statistik. (2023). Profil Statistik Kesehatan 2023. Jakarta: Badan Pusat Statistik. Available from: https://www.bps.go.id/
4. Dinas Kesehatan Kota Kediri. Penilaian Kinerja Puskesmas. Kediri; 2018.
5. Gupta A, Suri S, Dadhich JP, Trejos M, Nalubanga B. The World Breastfeeding Trends Initiative: Implementing the Global Strategy for Infant and Young Child Feeding in 84 countries. J Public Health Policy. 2019;40(1):35–65.
6. Yuniyanti B, Rofi'ah S, Rubiyanti. Efektivitas Kelompok Pendukung Asi (Kp-Asi) Eksklusif Terhadap Perilaku Pemberian Asi Eksklusif. Jurnal Ilmiah Bidan. 2017;2(1):48–54.
7. Habib H. Impact of An Educational Intervention of 40 Hours Training of Breast Feeding Promoting on The Knowledge and Attitude of A Sample of Health Professional Staff: A Study of A Pre And Post Evaluation. European Journal of Biology and Medical Science Research. 2016;4(4):32–56.
8. McCoy MB, Geppert J, Dech L, Richardson M. Associations Between Peer Counseling and Breastfeeding Initiation and Duration: An Analysis of Minnesota Participants in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Matern Child Health J. 2018;22(1):71–81.
9. Alberdi G, O'Sullivan EJ, Scully H, Kelly N, Kincaid R, Murtagh R, et al. A feasibility study of a multidimensional breastfeeding-support intervention in Ireland. Midwifery. 2018;58:86–92.
10. Shakya P, Kunieda MK, Koyama M, Rai SS, Miyaguchi M, Dhakal S, et al. Effectiveness of community-based peer support for mothers to improve their breastfeeding practices: A systematic review and meta-analysis. PLoS One. 2017;12(5).
11. Kitiyo P, Kimiywe J, Ogada I. Exclusive Breastfeeding Knowledge and Attitudes Among Mothers In Mother-To-Mother Support Groups In Kitui County. IJHSR. 2020;10(2):208-14.
12. Cascone D, Tomassoni D, Napolitano F, Di Giuseppe G. Evaluation of knowledge, attitudes, and practices about exclusive breastfeeding among women in Italy. Int J Environ Res Public Health. 2019;16(12).
13. Nehring-Gugulska M, Nehring P, Królak-Olejnik B. Breastfeeding knowledge among Polish healthcare practitioners supporting breastfeeding mothers. Nurse Educ Pract. 2015;15(5):381–6.
14. Soelistyorini D, Razak M, Poltekkes RN, Malang K, Besar J, No I, et al. Hubungan Pelatihan Konseling Menyusui terhadap Tingkat Pengetahuan bagi Kader di Puskesmas Kendalsari Kota Malang. Jurnal Idaman. 2017;1(1):1–4.
15. 15. Sekar Prihanti G, Yasirto Fujaya M, Djauhari T, Hermayanti D, Pengajar Fakultas Kedokteran Universitas Muhammadiyah Malang S. Peningkatan Ketrampilan Kader Posyandu Dalam Konseling Laktasi Sebagai Upaya Menggalakkan Asi Eksklusif. Jurnal Berkala Ilmiah Kedokteran dan Kesehatan. 2015;1(2).
16. Hashim TH, Mgongo M, Katanga J, Uriyo JG, Damian DJ, Stray-Pedersen B, et al. Predictors of appropriate breastfeeding knowledge among pregnant women in Moshi Urban, Tanzania: A cross-sectional study. Int Breastfeed J. 2017;12(1).
17. Panstw Zakl R, Hamułka J, Zielińska MA, Sobczak A. Breastfeeding Knowledge and Exclusive Breastfeeding of Infants in First Six Months of Life. Hig. 2017;68(1):51–9.
18. Ihudiebube-Splendor CN, Okafor CB, Anarado AN, Jisieike-Onuigbo NN, Chinweuba AU, Nwaneri AC, et al. Exclusive Breastfeeding Knowledge, Intention to Practice and Predictors among Primiparous Women in Enugu South-East, Nigeria. J Pregnancy. 2019;9832075.
19. Ke J, Ouyang YQ, Redding SR. Family-Centered Breastfeeding Education to Promote Primiparas' Exclusive Breastfeeding in China. Journal of Human Lactation. 2018;34(2):365–78. 20. Yılmaz M, Aykut M. The effect of breastfeeding training on exclusive breastfeeding: a randomized controlled trial. Journal of Maternal-Fetal and Neonatal Medicine. 2021;34(6):925–32.
20. Thomas S, Mohanty N, Dasila PK, Hospital M, Mumbai Corresponding Author N. Effect of

Antenatal Lactation Counseling on Knowledge and Breastfeeding Practices among Mothers. International Journal of Health Sciences & Research. 2018; 8:138.
21. Patel S, Patel S. The Effectiveness of Lactation Consultants and Lactation Counselors on Breastfeeding Outcomes. Journal of Human Lactation. 2016;32(3):530–41.
22. Mogre V, Dery M, Gaa PK. Knowledge, attitudes, and determinants of exclusive breastfeeding practice among Ghanaian rural lactating mothers. Int Breastfeed J. 2016;11(1).
23. Aldana-Parra F, Olaya G, Fewtrell M. Effectiveness of a new approach for exclusive breastfeeding counseling on breastfeeding prevalence, infant growth velocity and postpartum weight loss in overweight or obese women: Protocol for a randomized controlled trial. Int Breastfeed J. 2020;15(1).
24. Choudhary R, Meena C, Gothwal S, Sitaraman S, Sharma S, Verma DR. Effect of lactation counseling on breastfeeding: randomized control trial. Int J Contemp Pediatrics. 2017;4(5):1610.
25. McFadden A, Siebert L, Marshall JL, Gavine A, Girard LC, Symon A, et al. Counseling interventions to enable women to initiate and continue breastfeeding: A systematic review and meta-analysis. International Breastfeeding Journal. BioMed Central Ltd. 2019;14:42.
26. Sinha B, Chowdhury R, Sankar MJ, Martines J, Taneja S, Mazumder S, et al. Interventions to improve breastfeeding outcomes: A systematic review and meta-analysis. Acta Paediatrica, International Journal of Paediatrics. 2015;104;114–35.
27. Huang Y, Ouyang YQ, Redding SR. Previous breastfeeding experience and its influence on breastfeeding outcomes in subsequent births: A systematic review. Women and Birth. 2019:32;303–9.
28. Laugen CM, Islam N, Janssen PA. Social Support and Exclusive Breastfeeding among Canadian Women. Paediatr Perinat Epidemiol. 2016;30(5):430–8.
29. Pérez-Escamilla R, Buccini GS, Segura-Pérez S, Piwoz E. Perspective: Should Exclusive Breastfeeding Still Be Recommended for 6 Months?. Advances in Nutrition. 2019;10:931–43.
30. Hansen E, Tesch L, Ayton J. 'They're born to get breastfed'- how fathers view breastfeeding: A mixed method study. BMC Pregnancy Childbirth. 2018;18(1).
31. Heidari Z, Keshvari M, Kohan S. Clinical Trial to Comparison the Effect of Family-centered Educational-supportive Program on Mothers' Empowerment in Breast-feeding. Int J Pediatr. 2016;4(3).
32. Burgio MA, Laganà AS, Porta RP, Porpora MG. Breastfeeding Education: Where Are We Going? A Systematic Review Article Article in Iranian Journal of Public Health. 2016;45(8):970-7.
33. Bich TH, Long TK, Hoa DP. Community-based father education intervention on breastfeeding practice—Results of a quasi-experimental study. Matern Child Nutr. 2019;15 Suppl 1(Suppl 1):e12705.
34. Burcu Yurtsal Z, Kocoglu G. The effects of antenatal parental breastfeeding education and counseling on the duration of breastfeeding, and maternal and paternal attachment. Integr Food Nutr Metab. 2016;2(4).
35. Davidson EL, Ollerton RL. Partner behaviors improving breastfeeding outcomes: An integrative review. Women and 2020;33(1):e15-e23.
36. Abu-Abbas MW, Kassab MI, Shelash KI. Fathers and Breastfeeding Process: Determining Their Role And Attitudes European Scientific Journal, ESJ. 2016;12(18):327.
37. Hanafi MI, Shalaby SAH, Falatah N, El-Ammari H. Impact of health education on knowledge of, attitude to and practice of breastfeeding among women attending primary health care centers in Almadinah Almunawwarah, Kingdom of Saudi Arabia: Controlled pre-post study. J Taibah Univ Med Sci. 2014;9(3):187–93.
38. Mohan RM. Impact of Lactation Counseling to Mothers on. Breast Feeding Practices IAIM. 2019;6(2):13–22.
39. Lee YH, Chang GL, Chang HY. Effects of education and support groups organized by IBCLCs in early postpartum on breastfeeding. Midwifery. 2019; 75:5–11.
40. Negin J, Coffman J, Vizintin P, Raynes-Greenow C. The influence of grandmothers on breastfeeding rates: A systematic review. BMC Pregnancy Childbirth. 2016;16(1).
41. Yuistika Handayani D, Dwi Aprilina H. Pemberdayaan kader posyandu dalam program asi eksklusif di desa Pamijen, Sokaraja, Banyumas. MEDISAINS: Jurnal Ilmiah Ilmu-ilmu Kesehatan. 2015;13(1).
42. Sadovnikova A, Chuisano SA, Ma K, Grabowski A, Stanley KP, Mitchell KB, et al. Development and evaluation of a igh-fidelity lactation simulation model for health professional breastfeeding

education. International Breastfeeding Journal. BioMed Central Ltd.; 2020;15(1):8

43. Alianmoghaddam N, Phibbs S, Benn C. Resistance to breastfeeding: A Foucauldian analysis of breastfeeding support from health professionals. Women and Birth. 2017;30(6):e281–91.
44. Ambarwati R, Muis SF, Susantini P. Pengaruh konseling laktasi intensif terhadap pemberian air susu ibu (ASI) eksklusif sampai 3 bulan. Jurnal Gizi Indonesia. 2013;2(1):15–23.
45. de Jesus PC, de Oliveira MIC, Fonseca SC. Repercussão da capacitação de profissionais de saúde em aleitamento materno sobre seus conhecimentos, habilidades e práticas hospitalares: uma revisão sistemática. J Pediatr (Rio J). 2016;92(5):436–50.
46. Alnasser Y, Almasoud N, Aljohni D, Almisned R, Alsuwaine B, Alohali R, et al. Impact of attitude and knowledge on intention to breastfeed: Can mHealth-based education influence the decision to breastfeed exclusively? Annals of Medicine and Surgery. 2018; 35:6–12.
47. Nilsson IMS, Strandberg-Larsen K, Knight CH, Hansen AV, Kronborg H. Focused breastfeeding counseling improves short- and long-term success in an early-discharge setting: A cluster-randomized study. Matern Child Nutr. 2017;13(4).
48. Wouk K, Chetwynd E, Vitaglione T, Sullivan C. improving Access to Medical Lactation Support and Counseling: Building the Case for Medicaid Reimbursement. Matern Child Health J. 2017;21(4):836–44.
49. Parashar M, Singh S, Kishore J, Patavegar BN. Breastfeeding Attachment and Positioning Technique, Practices, and Knowledge of Related Issues Among Mothers in a Resettlement Colony of Delhi. Infant Child Adolesc Nutr. 2015;7(6):317–22.