
Midwives' Role in Stimulating Breastfeeding Behavior Toward Exclusive Breastfeeding at Kebun Handil Puskesmas, Jambi

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Abstract

Data on exclusive breastfeeding from 20 Community Health Centers (Puskesmas) in Jambi City show that the achievement rate at Kebun Handil Health Center was 42.37% in 2021. In 2022, the rate decreased by 2.57% to 39.8%, and increased by 8.17% in 2023 to reach 47.97%. However, this figure remains far below the national target of 80%. This study aims to determine the role of midwives in stimulating behavioral changes among breastfeeding mothers in providing exclusive breastfeeding within the working area of Kebun Handil Health Center, Jambi City. This research employs a qualitative method with a descriptive design, involving 11 informants consisting of key informants (Head of the Health Center), main informants (midwives at auxiliary health posts and midwives responsible for maternal and child health), supporting informants (breastfeeding mothers), and triangulation/additional informants (midwives in charge of child health programs and breastfeeding mothers). The findings show that midwives at Kebun Handil Health Center have played an optimal role in delivering services and providing education about exclusive breastfeeding to the community. However, many mothers still do not exclusively breastfeed due to various factors, including economic conditions, socio-cultural influences, lack of knowledge, and inadequate facilities and infrastructure to support breastfeeding practices.

Keywords: Exclusive Breastfeeding, Midwife's Role, Breastfeeding Mother's Behavior

INTRODUCTION

Exclusive breastfeeding is defined by the World Health Organization (WHO) as the practice of feeding infants only breast milk, with no additional liquids or solids—including water—except for oral rehydration salts, or drops/syrups of vitamins, minerals, or medicines, from birth to six months of age. Breast milk is considered the optimal source of nutrition for infants. In Indonesia, Government Regulation No. 33 of 2012 further defines exclusive breastfeeding as the provision of breast milk alone, without any supplementation or substitution with other foods or beverages, for the first six months of life.

The World Health Assembly (WHA) set a global target of achieving at least 50% exclusive breastfeeding for the first six months by the year 2025. However, efforts to meet this target often face significant challenges, particularly the lack of support for parents in the workplace. Gender-equitable parental social protection—such as maternity and paternity leave, paid leave, and workplace support—is essential to create an enabling environment for breastfeeding, both in the formal and informal sectors.

In the Southeast Asia subregion, moderate progress has been made toward achieving global nutrition targets. The global targets for reducing stunting among children under five and increasing exclusive breastfeeding among infants aged 0–5 months have each been achieved by three countries in the region. Recent data indicate that the estimated average prevalence of exclusive breastfeeding among infants aged 0–5 months is 45.1%, which is slightly higher than the global average of 43.8%.

In Indonesia, the minimum service standard (Standar Pelayanan Minimal/ SPM) for exclusive breastfeeding is set at 80%. According to data from Statistics Indonesia (BPS), the national coverage of exclusive breastfeeding in 2022 was 72.04%. Meanwhile, the 2022 Indonesian Nutrition Status Survey (SSGI) reported that the prevalence of exclusive breastfeeding among infants aged 0–5 months was 52.2%.

The Minimum Service Standard (SPM) for exclusive breastfeeding in Jambi Province is set at 80%. In 2021, the exclusive breastfeeding coverage in Jambi City exceeded the SPM target, reaching

85.7%. However, this figure declined to 59.2% in 2022 and further dropped to 57.94% in 2023—both falling short of the target. According to the Decree of the Ministry of Health of the Republic of Indonesia No. 1457/MENKES/SK/X/2003, the minimum SPM for health services in terms of exclusive breastfeeding coverage at the district/city level is 80% of live-born infants.

In efforts to improve the achievement of exclusive breastfeeding, effective communication between the communicator and the recipient is essential. In this study, the midwife serves as the communicator, while the breastfeeding mother or the community acts as the recipient. Well-established communication between the two parties can lead to positive outcomes. This study assumes that if midwives provide clear and accurate information about exclusive breastfeeding to their target groups—such as pregnant women, breastfeeding or postpartum mothers, and the broader community—it will enhance public understanding of exclusive breastfeeding.

A study conducted by Emah Rohemah (2020) found that healthcare workers—particularly midwives—play a significant role in the success of exclusive breastfeeding. Midwives are responsible for providing education on exclusive breastfeeding and offering support to breastfeeding mothers, starting from pregnancy, through the initiation of breastfeeding, and continuing during the breastfeeding period. The support provided by midwives can also help boost mothers' confidence to continue exclusively breastfeeding their infants.

According to a study by Ema Yuliana et al. (2021), mothers who received support from healthcare professionals were more likely to succeed in providing exclusive breastfeeding, while those without such support had lower success rates. This finding highlights the significant role of healthcare providers—particularly midwives—in the successful implementation of exclusive breastfeeding.

In Jambi City, the coverage of exclusive breastfeeding has not yet reached the national target. According to the Jambi Province Health Profile 2021, the exclusive breastfeeding coverage in the province was 64.67%, which surpassed the provincial target of 45%. In Jambi City specifically, the percentage of infants exclusively breastfed in 2021 was 68.2%.

Kebun Handil Health Center was selected as the research site because, according to data obtained by the researcher from the Jambi City Health Office, in 2021 it ranked third among health centers with the lowest exclusive breastfeeding coverage—recorded at only 42.37%. This figure is considered low and falls short of the provincial exclusive breastfeeding target of 45%. In 2023, the coverage slightly increased to 47.97%; however, it still did not meet the exclusive breastfeeding target set by Jambi City, which is 85%.

Based on a preliminary survey conducted by the researcher through observation and interviews with the midwife in charge of maternal and child health (MCH) and the health promotion officer at Kebun Handil Health Center, several challenges were identified. These include a shortage of midwives, a high number of breastfeeding mothers who work outside the home, a prevailing trend of supplementing breast milk with other foods, vitamins, or medications, and a notable number of pregnant women experiencing chronic energy deficiency (CED). Additionally, many mothers delegate infant care to grandmothers, and there is no lactation or breastfeeding room available at the health center. The community still tends to trust traditional beliefs passed down through families more than professional advice from midwives. Many mothers pay insufficient attention to their infant's growth and development and receive little family support for exclusive breastfeeding. Furthermore, the health center lacks adequate infrastructure, equipment, and facilities to support breastfeeding practices.

RESEARCH METHODS

This study employed a qualitative research approach with a descriptive design to obtain in-depth information. It was conducted at the Technical Implementation Unit (UPTD) of Kebun Handil Health Center from April 2024 to July 2025. Data were collected through in-depth interviews with a total of 11 informants, consisting of two key informants (the head midwife of the auxiliary health

post), two main informants (the midwife responsible for maternal and child health and the head of Kebun Handil Health Center), and seven supporting informants (six breastfeeding mothers and one midwife in charge of the child health program). The data collection techniques included observation, in-depth interviews, and documentation.

The data sources consisted of primary data obtained through direct interviews and field observations, and secondary data collected from official documents provided by the Jambi City Health Office. Instruments used in this study included a voice recorder and a mobile phone. Data analysis was carried out using the interactive model by Miles and Huberman (1994), which consists of data collection, data condensation, data display, and conclusion drawing and verification.

RESULTS AND DISCUSSION

a) *Stimulus*

Based on the results of in-depth interviews, it was found that the stimulation provided in the form of education on exclusive breastfeeding, especially directed at breastfeeding mothers, has been effectively delivered by midwives in accordance with their roles, duties, and responsibilities. This finding is supported by a statement from a key informant midwife, as follows:

"Kebetulan kan saya profesinya bidan di Pustu Perumnas, dan saya juga berperan kalau di induk kan kita harus melaksanakannya juga kan eeehh melingkupi dak, jadi peran bidan itu yo banyak, mau itu di Posyandu maupun di dalam dan di luar gedung. Kalau di dalam gedung kita melayani seperti tumbuh kembang anak, itu imunisasi ya kalau melayani di Posyandu, untuk penimbangan bayi dan balita, gitu." -V1.

"Kalau sebagai bidan itu menginformasikan yang berkaitan tentang ibu hamil, bayi, dan balita gitu, menyampaikan baik itu di Posyandu eee maupun eee ada kegiatan pendampingan ataupun misal dia konsul datang berobat, nah di situ kita jelaskan pada ibu tentang hal-hal yang berkaitan tentang ibu hamil, pertumbuhan bayi balita yang berkaitan dengan KIA (Kesehatan Ibu dan Anak)." -V2.

"Untuk peran, tugas, dan tanggung jawab bidan sudah terlaksana dengan baik ya. Peran bidan sebagai fasilitator, memfasilitasi ibu hamil dan ibu menyusui dalam upaya untuk meningkatkan capaian ASI Eksklusif. Kami juga di sini sebagai konselor bagi ibu hamil dan ibu menyusui pada saat mereka memiliki permasalahan yang berkaitan dengan ASI maka akan dilakukan konseling pada saat mereka melakukan pemeriksaan. Bidan di sini juga memberikan informasi seputar ASI Eksklusif seperti tata cara menyusui yang baik dan benar, makanan yang baik untuk dikonsumsi agar ASI nya lancar, perawatan payudara, dan lainnya." -V3.

Furthermore, the above statements were validated by the following remarks from a midwife who served as a triangulation informant:

"Biasanya kita kan di sini dak ada buka untuk persalinan jadi biasanya kita pas konseling ibu hamil kita sisipkan untuk konseling ASI, terus jugo pada saat di sini kan ado imunisasi pada saat anak 0-6 bulan sampe 2 tahun kito selipkan jugo konseling ASI." -V8.

In terms of human resources, based on interview findings, Kebun Handil Health Center has a total of 11 midwives distributed across various units under the Maternal and Child Health (MCH) Clinic and the Integrated Management of Childhood Illness (IMCI) Clinic. Although the number of midwives is relatively insufficient, the midwives at Kebun Handil Health Center have managed to address this limitation by working collaboratively and supporting one another to ensure the delivery of optimal services, both within and outside the health center. This was supported by statements from informants, as follows:

"Dari SDM itu sendiri, saya rasa masih kurang karena masih dibutuhkan banyak tenaga kerja dalam kegiatan yang ada di lapangan, contohnya seperti turun ke masyarakat dalam kasus kurangnya gizi pada anak dan KEK pada ibu hamil." -V1.

".... kami saling bekerja sama untuk menutupi setiap kekurangan yang ada dalam pelayanan baik di dalam dan di luar ruangan, kami juga berusaha memberikan pelayanan yang baik kepada masyarakat

terutama kepada ibu hamil dan ibu menyusui dengan memberikan konseling dan edukasi yang dibutuhkan.” -V1.

“Eee kalau untuk bidan in syaa Allah sudah cukup, di Puskesmas itu bidan ada 10 atau 11 orang ya, cuman kadang kami susah ngatur tuh ya kalo benturan jadwal, soalnya kan kita turun lapangan harus tetap jalan pelayanan di dalam gedung pun harus tetap jalan. Nah kadang susah itu kalau benturan, kayak pelayanan di dalam gedung harus tetap jalan, belum lagi nanti ada pertemuan program di dinas, nah itu yang kadang agak bingung nih mencari-cari siapa penggantinya gitu.” -V2.

“Kalau untuk sumber daya bidan nya, kalau dibilang cukup ya cukup, tapi memang tenaganya masih kurang. Kayak harusnya dalam setiap pelayanan ada 2 bidan sama petugas gizi, terus buat di Posyandu itu harus ada minimal bidan sama perawat, walaupun seharusnya ada dokter juga.” -V3.

The above statements were further reinforced by the following remarks from a midwife who served as a triangulation informant:

Eee untuk sejauh ini mudah-mudahan cukup, soalnya yang kito turun tuh ganti-gantian, nanti saya di sini ada tim lain yang turun.” -V8.

In delivering information and education to the community—particularly regarding exclusive breastfeeding—Kebun Handil Health Center has implemented two key programs that have been running effectively: the *pregnant mothers class* and the *toddler mothers class*. The *pregnant mothers class* serves as a platform to educate expectant mothers about various aspects of pregnancy care. This includes pregnancy exercise sessions, nutritional guidance, preparation for childbirth, the importance of early initiation of breastfeeding (EIB) immediately after delivery, the significance of exclusive breastfeeding for infants, and proper breast care techniques to prevent breastfeeding complications.

Meanwhile, the *toddler mothers class* is conducted through local *Posyandu* (integrated health posts) and focuses on educating breastfeeding mothers about child growth and development, including information on exclusive breastfeeding. During these sessions, mothers are encouraged to ask questions and consult directly about any issues they face during the breastfeeding phase. Midwives use these sessions to provide motivation, encouragement, and emotional support, aiming to strengthen mothers' commitment to exclusive breastfeeding for the first six months and continued breastfeeding alongside complementary feeding until the child reaches two years of age.

b) Organism

1) Knowledge

Based on interviews conducted by the researcher, it was found that even after midwives provided stimulation in the form of information and education about exclusive breastfeeding, some informants still demonstrated limited understanding. One informant, for instance, was unable to clearly explain what exclusive breastfeeding means when asked. This is supported by the following statement from a mother who served as a supporting informant:

“Saya gak paham juga ya kalau itu.” -V7.

Furthermore, among the mothers interviewed, some were able to answer questions accurately, while others responded adequately when asked about the definition of exclusive breastfeeding, its importance for infants, and its benefits. This is supported by the following statement from an informant who responded well to the questions:

“Memberikan ASI secara full tanpa tambahan susu bantu.” -V6.

“Kalau menurut saya sih harus.” -V6.

“Karena ASI itu lebih bagus, lebih sehat gitu.” -V6.

The following is a statement from an informant who was able to answer the questions fairly well:

“Baik, bagus untuk daya tahan tubuh bayi.” -V9.

“Iya penting, bagus.” -V9.

“Karena baik untuk kesehatan dan daya tahan tubuh bayi.” -V9.

Following the interviews, it was revealed that while some breastfeeding mothers had a clear understanding of exclusive breastfeeding, others demonstrated limited knowledge on the

subject. This occurred despite the fact that midwives had already provided information and education about exclusive breastfeeding to the community, particularly to breastfeeding mothers. These findings suggest that some mothers remain less attentive or indifferent to the importance of exclusive breastfeeding.

2) Acceptance

Based on the interview results, most informants stated that they received information and education about exclusive breastfeeding from midwives, while others reported that they did not receive such information from midwives. This is supported by the following statement from an informant:

"Iya pernah." -V5.

"Ada sih." -V6.

"Kayaknya gak ada." -V7.

"Ada, tiap kali kunjungan ke Puskesmas." -V9.

"Iya, ada." -V10.

"Pernah." -V11.

Furthermore, based on the interview findings, all informants stated that they were able to understand the information delivered by the midwives, as it was conveyed in a manner that was clear and easy to comprehend. This is supported by the following statement from an informant:

"Iya, saya paham." -V5.

"Iya, saya paham." -V6.

"Paham, lah." -V7.

"Iya, paham." -V9.

"Iya, bahasanya gampang buat dipahami." -V10.

"Iya, paham-paham." -V11.

Based on the interviews conducted, the majority of breastfeeding mothers reported that they received information and education about exclusive breastfeeding from midwives, although some stated that they did not receive such information. Nevertheless, all mothers agreed that midwives delivered health messages using words and language that were easy to understand, enabling them to clearly comprehend and accept the information being conveyed.

3) Action

After receiving information and education on exclusive breastfeeding from midwives, interview findings revealed that half of the informants practiced exclusive breastfeeding with their children. Meanwhile, others reported supplementing breast milk with formula, and some did not breastfeed at all due to their child's medical condition. This is supported by the following statement from an informant:

"Iya, anak kedua sama ketiga saya dikasih ASI Eksklusif sampai 2 tahun." -V5.

"Ada campuran susu bantu, soalnya anaknya tuh suka dak kenyang gitu karena ASI saya sedikit, jadi saya kasih susu bantu juga." -V6.

"Iya saya ngasih ASI tapi suka dikasih susu botolan juga biar bisa ditinggal." -V7.

"Lebih sering susu formula daripada ASI soalnya anak saya gak bisa minum ASI karena pas lahir masuk NICU." -V9.

"ASI Eksklusif, tapi sekarang lagi dilepas dulu dan dikasih sufor." -V10.

"ASI Eksklusif sampai 2 tahun." -V11.

Based on the interview results, after receiving information and education from midwives during pregnancy, some breastfeeding mothers provided exclusive breastfeeding to their infants for six months and continued breastfeeding up to two years of age. However, others chose to supplement breastfeeding with formula milk for various reasons, including the child's health condition, low breast milk production, and the need for the mother to leave the child for work or other responsibilities.

c) Response

According to the midwives and the Head of Kebun Handil Health Center, following the provision of information and education about exclusive breastfeeding—particularly to pregnant women—there has been a positive shift in attitudes, although the changes are not yet considered significant. Nonetheless, this improvement in mothers' attitudes has contributed to the increase in exclusive breastfeeding coverage within the working area of Kebun Handil Health Center. This is supported by the following statement:

"Ada, walaupun dak besar perubahannya tapi ada lah." -V1.

"Eee untuk perubahan sikap dan perilaku ada." -V2.

"Iya ada." -V3.

"Iya ada." -V8.

The Head of Kebun Handil Health Center also stated the following:

"Kita baru mulai mencoba memberikan informasi dan edukasi kepada calon pengantin (catin) dengan harapan suami bisa mendukung istrinya dalam pemberian ASI Eksklusif. Karena program ini baru berjalan tiga bulan, hasilnya belum bisa terlihat. Ibu hamil yang datang ke puskesmas umumnya sudah paham, tapi bagaimana dengan keluarganya? Saat kelas ibu hamil, tidak semua didampingi suami. Padahal, untuk bisa memberikan ASI Eksklusif secara penuh, seorang ibu butuh support system yang kuat dari dalam keluarga. Masyarakat yang datang ke pelayanan umumnya ibu-ibu saja, jadi kita masih perlu lihat ke depan apakah penyuluhan kepada catin ini akan berdampak atau tidak. Kalau lewat media sosial, mungkin banyak yang baca, tapi belum tentu paham. Jadi meskipun respon masyarakat sudah bagus, praktiknya tetap tergantung masing-masing individu." -V4.

Discussion

a) *Stimulus*

Based on the results of this study, it was found that midwives have provided effective stimulation to pregnant and breastfeeding mothers as part of efforts to improve the exclusive breastfeeding coverage in the working area of Kebun Handil Health Center. This stimulation plays a crucial role in increasing exclusive breastfeeding rates and includes the provision of information and education delivered by midwives, particularly to pregnant and breastfeeding women.

This finding is supported by observational data showing that the stimulation—consisting of information and education on exclusive breastfeeding—was provided through various activities such as the *pregnant mothers class*, the *toddler mothers class*, *Posyandu* sessions, and both indoor and outreach health education programs. During these sessions, midwives explained key information about exclusive breastfeeding, demonstrated breast massage techniques, proper latching, and correct breastfeeding positions. Additionally, midwives also provided nutritional counseling to support breast milk production through appropriate dietary intake.

b) *Organism*

The provision of stimulation to breastfeeding mothers does not automatically result in adequate knowledge about exclusive breastfeeding. Based on the interviews and observations conducted, out of six breastfeeding mothers interviewed, two demonstrated fairly good knowledge, one had low knowledge, and the remaining three showed a good understanding of exclusive breastfeeding.

Among the six breastfeeding informants, three were working mothers and three were non-working mothers (housewives). Of the working mothers, two supplemented breastfeeding with formula milk—one due to limited breast milk production and the other to allow for separation from the child while working. One working mother exclusively breastfed her child and continued breastfeeding until the child reached two years of age.

Among the three non-working mothers, two practiced exclusive breastfeeding from birth to six months. One of them continued breastfeeding until the child was two years old, while another chose to wean early due to nipple soreness. The remaining mother did not breastfeed at all due to a specific medical condition affecting the child.

During the interviews, breastfeeding mothers displayed varying responses. Some were enthusiastic, others were neutral, and some responded with disinterest, providing brief or indifferent answers. Observations conducted during the toddler mothers class and Posyandu sessions revealed that some breastfeeding mothers rarely interacted with midwives. They preferred to sit passively, listening without asking questions or sharing their concerns. Some were even seen chatting with peers instead of paying attention to the information and education being provided by the midwife or physician in charge.

Throughout the delivery of health services and education, midwives used language that was simple and easy for the public to understand. According to the breastfeeding mothers interviewed, they agreed that midwives conveyed health information using clear and accessible language, which they were able to comprehend.

Observations also showed that midwives often adopted a relaxed and engaging communication style, using humor and encouraging audience participation by asking questions or prompting participants to share personal experiences related to the topic. This approach appeared to increase community interest and enthusiasm during health education sessions.

c) **Response**

After receiving stimulation from midwives, 3 out of 6 interviewed breastfeeding mothers reported providing exclusive breastfeeding to their children for the first six months and continuing breastfeeding until the age of two. Among the remaining three mothers, two chose to supplement breastfeeding with formula, stating that their infants appeared unsatisfied due to perceived insufficient milk supply. One mother did not breastfeed at all, as her baby was admitted to the NICU immediately after birth due to a medical condition, making breastfeeding unfeasible.

Interestingly, one mother claimed to have independently learned about exclusive breastfeeding; however, during the interview, she expressed unfamiliarity with the term and stated that she had never received any information or education about exclusive breastfeeding from midwives.

Overall, the midwife informants reported noticeable improvements in maternal behavior, especially among breastfeeding mothers, following the continuous provision of stimulation through education, information sessions, socialization, and practical demonstrations related to exclusive breastfeeding. The Head of Kebun Handil Health Center confirmed this observation during the interview, agreeing that although the behavior change in the community was not highly significant, it had contributed to a gradual increase in exclusive breastfeeding coverage within the health center's working area.

These findings are consistent with research conducted by Taqwin, Linda, and Nur Ifda (2022), which reported that all respondents showed increased interest in providing exclusive breastfeeding after being exposed to exclusive breastfeeding promotion.

Similarly, a study by Dewi Rita Kurniasasi (2023) revealed a statistically significant relationship between midwife support and exclusive breastfeeding practices, with a p-value of 0.001 (< 0.05), based on a chi-square test. Furthermore, multiple logistic regression analysis showed that midwife support increased the likelihood of exclusive breastfeeding by 5.315 times.

During this study, several key issues emerged. One of the main challenges identified was the limited number of midwives at Kebun Handil Health Center, with only around 10–11 personnel. Despite this shortage, health services both within the facility and in outreach settings continued to operate effectively, although the workload on each midwife was significantly increased.

According to the Regulation of the Minister of Health of the Republic of Indonesia No. 75 of 2014 concerning Community Health Centers, the standard for minimum health personnel staffing in Puskesmas is as follows:

Table 1. Minimum Staffing Standards for Community Health Centers (Puskesmas)

No.	Jenis Tenaga	Puskesmas Kawasan Perkotaan		Puskesmas Kawasan Pedesaan		Puskesmas kawasan Terpenting dan Sangat Terpenting	
		Non RI	RI	Non RI	RI	Non RI	RI
1	Dokter atau dokter layanan primer	1	2	1	2	1	2
2	Dokter gigi	1	1	1	1	1	1
3	Perawat	5	8	5	8	5	8
4	Bidan	4	7	4	7	4	7
5	Tenaga Kesmas	2	2	1	1	1	1
6	Tenaga keeling	1	1	1	1	1	1
7	Ahli teknologi Lab. medik	1	1	1	1	1	1
8	Tenaga gizi	1	2	1	2	1	2
9	Tenaga kefarmasian	1	2	1	1	1	1
10	Tenaga Adminitrasi	3	3	2	2	2	2
11	Pekarya	2	2	1	1	1	1
Jumlah		22	31	19	27	19	27

Based on the table above, it is shown that the minimum number of midwives required in urban areas is seven per health center. This indicates that the number of midwives at Kebun Handil Health Center has exceeded the staffing standard for Puskesmas. However, despite meeting this standard, the current number of midwives is still considered insufficient in relation to the wide range of programs and activities implemented at the health center.

The delivery of information and education regarding exclusive breastfeeding has been carried out effectively. However, the level of awareness among the community—particularly among breastfeeding mothers—remains relatively low. While many mothers are aware of what exclusive breastfeeding is, in practice, some still deliberately provide supplemental feeding, such as formula milk, for reasons unrelated to medical conditions. This behavior affects the achievement of exclusive breastfeeding targets in the working area of Kebun Handil Health Center.

According to the theoretical framework used in this study—the S-O-R (Stimulus, Organism, Response) theory—midwives have successfully delivered the stimulus component through the provision of information and education about exclusive breastfeeding. However, in terms of the *organism* component (i.e., internal processing), the level of knowledge varied, with some individuals demonstrating a good understanding while others lacked awareness. In terms of *acceptance*, the information provided was generally well received. Nevertheless, in terms of *response* or action, many community members still showed low levels of awareness and inconsistent behavior in implementing exclusive breastfeeding.

This condition has implications for attitude change within the community. Overall, however, the shift in behavior observed in the working area of Kebun Handil Health Center can be categorized as moderately positive in contributing to efforts to increase the coverage of exclusive breastfeeding.

CONCLUSION

In efforts to improve exclusive breastfeeding practices, midwives play a crucial role in providing knowledge to both pregnant and breastfeeding mothers. They act as information providers and educators by delivering material on various aspects of exclusive breastfeeding, including recommended nutritional intake to enhance breast milk production, proper latching techniques, correct breastfeeding positions, and other essential supporting information needed by nursing mothers. In addition, midwives serve as communicators by conveying information in language that is easily

understood by the community and by engaging in two-way interactions through question-and-answer sessions to ensure mothers' comprehension of the material. Moreover, midwives fulfill the roles of facilitators and motivators by demonstrating proper breastfeeding techniques and offering encouragement and support to help mothers build confidence and motivation to practice exclusive breastfeeding effectively.

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