

**EDUCATION AND SUPPORT FOR MOTHERS IN PROVIDING EXCLUSIVE
BREASTFEEDING AT PMB NURLELA, LUBUK PAKAM DISTRICT, DELI SERDANG
REGENCY**

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ABSTRACT

Background: Exclusive breastfeeding coverage in Deli Serdang Regency remains low, partly due to a lack of knowledge, limited time for working mothers, and the minimal role of health workers in providing education. Objective: To implement educational and mentoring activities for mothers with infants aged 0–12 months to increase their understanding and motivation for exclusive breastfeeding. Methods: The community service activity was conducted at the Nurlela Pre-Breastfeeding Center (PMB) in Lubuk Pakam District in May 2024. The target group was 30 mothers who were not exclusively breastfeeding. Implementation methods included counseling, interactive discussions, demonstrations of correct breastfeeding techniques, and individual counseling. Results: The activity received a positive response; there was a 53.3% increase in maternal knowledge (measured by pre- and post-tests). Some mothers who had previously been formula-feeding committed to exclusively breastfeeding their next baby. Conclusion: Education and mentoring at PMB effectively increased maternal knowledge and motivation for exclusive breastfeeding. It is recommended that these activities be conducted regularly and supported by local health workers.

Keywords: Exclusive Breastfeeding, Health Education, Maternal Support, PMB

INTRODUCTION

Exclusive breast milk (ASI) is the best nutrition a baby can receive during the first six months of life. Breast milk not only optimally meets a baby's nutritional needs, but also contains immune substances (immunoglobulins) that protect babies from various infectious diseases, as well as growth factors that support brain and physical development. The WHO and UNICEF emphasize that exclusive breastfeeding for the first six months, followed by appropriate complementary foods until the age of two years or beyond, is one of the most effective public health interventions for reducing infant morbidity and mortality.

Numerous studies have shown that babies who are exclusively breastfed have a lower risk of diarrhea, respiratory infections, and malnutrition. Furthermore, breast milk plays a role in reducing the risk of chronic diseases later in life, such as obesity and type 2 diabetes. The benefits of breast milk are not only for the baby but also for the mother, including supporting postpartum uterine contractions, naturally spacing pregnancies, reducing the risk of breast and ovarian cancer, and enhancing the emotional bond between mother and baby.

Despite its significant benefits, the achievement of exclusive breastfeeding in Indonesia is still not optimal. Based on the 2022 Indonesian Demographic and Health Survey (SDKI), the percentage of infants aged 0–5 months who receive exclusive breastfeeding has only reached around 52%, still below the national target of 70%. This situation is also evident in Deli Serdang Regency. Data from the Nurlela Infant and Child Health Center (PMB Nurlela) in Lubuk Pakam District shows that in 2024, only 27.8% of infants received exclusive breastfeeding, far below the national average.

Frequently identified inhibiting factors include mothers' lack of knowledge about the

benefits and techniques of breastfeeding, work demands that limit breastfeeding time, the influence of formula milk advertising, lack of family support, and minimal education and support from health workers. These challenges require structured and ongoing efforts to improve mothers' understanding, skills, and motivation to provide exclusive breastfeeding.

This community service activity is designed to address these challenges by providing education and direct support to mothers, particularly at the Nurlela PMB. Through this activity, it is hoped that mothers will not only learn about the benefits of exclusive breastfeeding, but will also be able to practice correct breastfeeding techniques, overcome obstacles they face, and receive moral support from health workers and fellow breastfeeding mothers.

METODE KEGIATAN

This community service activity was conducted in May 2024 in the Nurlela Breastfeeding Center (PMB) work area, Lubuk Pakam District, Deli Serdang Regency. The target group was 30 mothers with infants aged 0–12 months who were not exclusively breastfeeding.

The activity stages included:

1. Preparation: Coordination with PMB midwives, preparation of educational materials, and production of leaflets.
2. Implementation:
 - Pre-test to measure participants' initial knowledge.
 - Group counseling on the benefits of exclusive breastfeeding, breastfeeding techniques, and strategies for overcoming obstacles.
 - Live demonstration of correct breastfeeding techniques, including baby and mother positioning.
 - Interactive discussion, providing an opportunity for participants to share experiences and challenges.
 - Individual counseling for specific issues faced by participants.
3. Evaluation: Post-test to measure participants' knowledge and written commitment.

RESULTS



Gambar 1. Providing Education

The evaluation results showed a significant increase in mothers' knowledge regarding exclusive breastfeeding. Based on the results of pre- and post-tests conducted before and after the activity, the average knowledge score of participants increased by

53.3%. This improvement was evident in various aspects of knowledge, from understanding exclusive breastfeeding, its benefits for mothers and babies, correct breastfeeding techniques, to how to overcome challenges during breastfeeding.

In addition to increased knowledge, the activity also impacted changes in participants' attitudes and intentions. Some mothers who had previously been formula-feeding expressed a commitment to exclusively breastfeeding their next baby. Some participants even expressed plans to educate family members to provide support, for example by helping with household chores so that mothers could focus on breastfeeding.

Participants' responses were generally very positive. They found the breastfeeding technique demonstration session to provide a clear and practical overview of baby positioning, proper latch, and steps to minimize nipple pain. The private consultation session was also highly appreciated because it provided an opportunity for mothers to discuss specific challenges they were facing, such as low milk supply, pain during breastfeeding, or difficulty breastfeeding upon returning to work.

From the discussion, it was identified that the main obstacles faced by mothers at Nurlela's PMB include:

1. Lack of initial knowledge about the benefits of exclusive breastfeeding, especially among first-time mothers.
2. The influence of formula milk advertising, which leads some mothers to believe that formula milk is equivalent to breast milk.
3. Limited time for breastfeeding, especially for mothers who work outside the home without lactation room facilities.
4. Lack of family support, with some husbands and family members not yet understanding the importance of exclusive breastfeeding.

This activity demonstrated that education and direct support at health facilities can overcome these obstacles. Simple explanations, accompanied by visualizations and hands-on practice, helped mothers gain confidence in breastfeeding. The role of midwives as primary companions is crucial to ensuring the program's sustainability. Midwives not only serve as information providers but also as motivators who can provide emotional support and practical solutions for breastfeeding mothers.

Going forward, to maximize the impact of the activity, it is recommended that education be provided not only to mothers but also to husbands and other family members. This aims to create an environment that supports the success of sustainable exclusive breastfeeding.

CONCLUSION

The educational and mentoring activities at the Nurlela PMB in Lubuk Pakam District proved effective in improving mothers' knowledge, skills, and motivation regarding exclusive breastfeeding. Evaluation results showed a 53.3% increase in knowledge after the intervention, as well as positive changes in attitudes, with some mothers who had previously been formula-feeding expressed a commitment to exclusively breastfeeding their next baby.

The success of this activity was influenced by several factors, including interactive educational methods, the use of clear and easy-to-understand learning media, and demonstration sessions and individual consultations that provided opportunities for mothers to practice breastfeeding techniques with direct guidance.

Furthermore, the involvement of health workers, particularly midwives, as the primary facilitators of the activity played a significant role in building participants' trust and comfort. This support is a crucial factor in motivating mothers to apply the knowledge gained in their daily lives.

However, the discussions also identified barriers that require further action, such as the lack of lactation room facilities for working mothers, the influence of formula advertising, and minimal support from family members. Therefore, to ensure the program's continued success, the following strategic steps are recommended:

1. Regularly implement activities at the nearest PMB (Nurlela Community Health Center) and integrated health posts (Posyandu) so that education and support can reach more mothers.
2. Use a variety of educational media such as leaflets, short videos, and infographics to facilitate understanding.
3. Involve families, especially husbands, in all educational activities to create a home environment that supports exclusive breastfeeding.
4. Cross-sectoral collaboration with village governments, community health centers, and the workplace to create breastfeeding-friendly policies, including the provision of lactation rooms.

With this strategy, it is hoped that exclusive breastfeeding coverage in the Nurlela PMB work area can increase significantly, thereby supporting the achievement of maternal and child health targets at the regional and national levels.

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