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Empowering Cadres to Improve Perception of Breast Milk Adequacy through Comprehensive Breastfeeding Education

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Abstract

Background of study: Stunting is a manifestation of growth failure that begins in the womb until the child is two years old. According to the World Health Organization (WHO), the prevalence of stunting increased from 144 million cases in 2020 to 149.2 million cases in 2021. In Sido Luhur village, in January 2024, there were 10 undernourished toddlers, and in May this number increased to 11, 6 of whom were still toddlers. Exclusive breastfeeding is one way to prevent stunting, as breast milk contains nutrients that are crucial for a child's growth and development. The perceived crisis of insufficient breast milk experienced by mothers during breastfeeding has become a rumor that prevents all babies from being breastfed until two years old. Comprehensive breastfeeding education is needed from pregnancy for mothers to strengthen their intentions and build confidence and efficacy in breastfeeding for two years. To develop partner villages through cadre empowerment activities to improve perceptions of breast milk sufficiency through Comprehensive Breastfeeding Education in Sidoluhur Village, Sukaraja District, Seluma Regency.

Methods: This community service program was conducted using the concept of empowering cadres and pregnant women in Sidoluhur Village. The activity began with coordination with the Sukaraja Sub-district Head, the Village Head, the Health Center leadership, and the village midwife. The activity began with a joint commitment, a pre-test of knowledge before the training, the provision of materials related to Comprehensive Breastfeeding Education, cadre training, a post-test after the training, followed by a follow-up plan for mentoring pregnant women, and monitoring and evaluation of the Community Service activities.

Results: There was an increase in knowledge among all cadres and pregnant women after the pre-post test.

Conclusion: All cadres and pregnant women understood breastfeeding success, including knowledge, correct breastfeeding steps, infant attachment, and breast milk sufficiency in Sidoluhur Village, Sukaraja District, Seluma Regency.

A. Introduction

According to the World Health Organization (WHO), the prevalence of stunting increased from 144 million cases in 2020 to 149.2 million cases in 2021. Stunting is a manifestation of growth failure that begins during pregnancy and continues until a child reaches two years of age. Nutritional improvement efforts can be carried out through specific nutrition interventions or sensitive nutrition

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interventions, with specific interventions focusing on pregnancy, breastfeeding, and children aged 0–23 months, known as the First 1,000 Days of Life (WHO, 2020).

In Sidoluhur Village, there were 10 undernourished toddlers recorded in January 2024, and this number increased to 11 in May, with 6 of them being children under two years old. A common perception is that breastfeeding is only required until six months in accordance with the exclusive breastfeeding program, after which babies begin receiving complementary foods (MPASI). This often causes mothers to focus more on MPASI, even though babies still need breast milk during the transition, and complementary foods must be adjusted to the child's age. The belief that breast milk production decreases over time also leads mothers to breastfeed less frequently, resulting in many babies not being breastfed until two years of age, even though they still need breast milk to support optimal growth and development.

Optimal physical and mental development of babies is strongly influenced by successful breastfeeding. Breast milk also has a significant impact on the cognitive development of infants. Therefore, awareness among mothers and healthcare workers is necessary to ensure successful breastfeeding (Nurbaeti & Budi Lestari, 2017).

According to WHO (2016), the global rate of exclusive breastfeeding is around 39%. Compared with the WHO target of 50%, this figure is still low, and Indonesia's expected coverage is even higher at 80%. Based on the 2016 Nutritional Status Monitoring (PSG), 54.0% of infants aged 0–5 months did not receive exclusive breastfeeding, while only 29.5% received exclusive breastfeeding until six months (Ministry of Health RI, 2017).

Seluma Regency is one of the regions in Bengkulu Province where exclusive breastfeeding coverage increased significantly, from 56.8% in 2021 to 100% in 2022. However, this improvement has not succeeded in preventing stunting in the area. In 2022, the stunting rate in Seluma was 22.1%, which led to a presidential visit in 2023, during which assistance was provided to households with stunted children. Although various stunting prevention efforts have been carried out such as supplementary feeding, education, and the formation of stunting awareness groups new cases continue to emerge. Only 77.48% of children aged 0–23 months were still being breastfed in 2022.

Breast milk is the most natural and best food that can be given to infants aged 0–6 months. Proper breastfeeding creates a strong emotional influence and supports the psychological development of the child. The components of breast milk also strengthen the emotional bond between mother and baby through direct contact. Babies feel calm due to the warmth of the mother's body and the heartbeat they have heard since the womb (Hayati, 2018).

Factors that contribute to the failure of exclusive breastfeeding include maternal knowledge, motivation, promotion of formula feeding, cultural practices, the role of health workers, and family support. Barriers include incorrect breastfeeding techniques, formula marketing, and health problems in mothers or infants (Nurbaeti & Budi Lestari, 2017).

Exclusive breastfeeding has significant benefits for infant immunity and nutrition because breast milk contains balanced amounts of protein, carbohydrates, fats, and minerals. Exclusive breastfeeding for the first six months can reduce infant mortality due to its ability to strengthen and maintain the baby's immune system. The components of breast milk help protect infants from infectious diseases (Ministry of Health RI, 2015).

In addition, it is important to emphasize that the quantity (coverage) of exclusive breastfeeding is not the same as its quality (breastfeeding technique and effectiveness). High coverage rates do not automatically guarantee that babies receive breast milk optimally. Incorrect latch-on, improper positioning, infrequent feeding, and early introduction of other foods or drinks can reduce the effectiveness of breastfeeding, even when it is reported as exclusive. Poor technique may lead to inadequate milk transfer, nipple pain, decreased milk production, and ultimately suboptimal infant growth. Therefore, improving breastfeeding coverage must be accompanied by improving the quality of breastfeeding practices. This strengthens the urgency of providing Comprehensive Breastfeeding Education, which not only promotes exclusive breastfeeding in terms of duration but also ensures that mothers understand correct techniques, signs of adequate milk intake, and continued breastfeeding up to two years of age.

The main issue for partners is the lack of knowledge among pregnant women and families regarding exclusive breastfeeding and the absence of accurate information. Therefore, exclusive breastfeeding education must be provided, and posyandu cadres play an important role as community figures and extensions of health workers. Cadres must be equipped with complete and accurate knowledge about exclusive breastfeeding (Atik, 2016). The program activities carried out aim to increase knowledge and understanding regarding breast milk adequacy through Comprehensive

Breastfeeding Education, implemented by empowering cadres who will provide continuous mentoring to pregnant and breastfeeding women.

B. Methods

This community service program was conducted using the concept of empowering cadres and pregnant women in Sidoluhur village. The activity began with coordination with the Sukaraja Sub-district Head, the Village Head, the Community Health Center leadership, and the village midwife. The activity began with a joint commitment, a pre-test of knowledge before the training, the provision of materials related to Comprehensive Breastfeeding Education, cadre training, a post-test after the training, followed by a follow-up plan for mentoring pregnant women, and monitoring and evaluation of the Community Service activities.

C. Results and Discussion

1. Results

a. Education

Educational characteristics are categorized into lower, middle, and upper secondary education. The results of the Community Service Program (PKM) indicate that the educational characteristics of cadres are as follows:

Table 4.1 Cadre Education

Education Category	Amount	Persentase (%)
Low (SD)	0	0
Junior High School (SMP)	4	26,6
Senior High School (SMA)	11	73,3
Total	**15**	**100**

Based on Table 4.1 and graph 4.1, the results of cadre education show that 11 (73.3%) cadres have a high school education.

b. Cadre Knowledge

The following is data on the level of knowledge of cadres:

Table 4.2 Level of Knowledge of Cadres

Knowledge	Pre Test		Post Test	
	Amount (f)	Persentase (%)	Amount (f)	Persentase (%)
Not good	6	40,00	2	13,3
Good	9	60,00	13	86,7
Total	**15**	**100**	**15**	**100**

Based on the pretest and posttest results in Table 4.2, using a questionnaire on cadre knowledge, it was found that there was an increase in cadre knowledge related to the material provided during the pre-test and post-test activities. During the pre-test, the level of knowledge of cadres in the poor category was 6 people (40.00%), while in the good category was 9 people (60.00%). During the post-test, the level of knowledge of cadres in the poor category was 2 people (13.3%) and in the good category was 13 people (86.7%). Based on the results obtained, it can be concluded that there was an increase in cadre knowledge after being given education related to Comprehensive Breastfeeding Education. This demonstrates the effectiveness of the education program in increasing cadre understanding of the importance of exclusive breastfeeding and its benefits for maternal and child health. This increase in knowledge is expected to support further efforts to strengthen the implementation of breastfeeding programs in the community. Based on the pretest and posttest results in Table 4.2, using a questionnaire on cadre knowledge, it was found that there was an increase in cadre knowledge related to the material provided during the pre-test and post-test activities. During the pre-test, the level of knowledge of cadres in the poor category was 6 people (40.00%), while in the good category was 9 people

(60.00%). During the post-test, the level of knowledge of cadres in the poor category decreased to 2 people (13.3%), and in the good category increased to 13 people (86.7%).

Based on these results, it can be concluded that there was an increase in cadre knowledge after being given education related to Comprehensive Breastfeeding Education. This demonstrates the effectiveness of the education program in improving cadres' understanding of the importance of exclusive breastfeeding and its benefits for maternal and child health. This increase in knowledge is expected to support further efforts to strengthen the implementation of breastfeeding programs in the community.

However, there were still 2 cadres (13.3%) who remained in the poor knowledge category after the post-test. This may be influenced by several factors, such as differences in educational background, prior experience related to breastfeeding topics, varying levels of comprehension within a limited learning time, and teaching methods that may not have fully accommodated all participants' learning styles. In addition, factors such as age, individual motivation, and the lack of opportunities for practical application may also have affected knowledge absorption. Therefore, follow-up actions are needed, including continuous mentoring, repetition of key materials, and more interactive educational methods to ensure that all cadres achieve an optimal level of understanding.

c. Knowledge of Pregnant Women

The following data shows the level of knowledge of pregnant women.

Table 4.3 Level of knowledge of pregnant women

Knowledge	Pre Test		Post Test	
	Amount (f)	Persentase (%)	Amount (f)	Persentase (%)
Not good	9	60,00	5	33,3
Good	6	40,00	10	66,7
Total	**15**	**100**	**15**	**100**

Based on the pretest and posttest results presented in Table 4.3, using a questionnaire on pregnant women's knowledge, the findings showed an increase in knowledge related to the material provided during the pre-test and post-test activities. During the pre-test, the level of knowledge of pregnant women in the poor category was 9 people (60.00%), while 6 people (40.00%) were in the good category. During the post-test, the number of pregnant women in the poor category decreased to 5 people (33.3%), and those in the good category increased to 10 people (66.7%).

Based on these results, it can be concluded that the knowledge of pregnant women increased after receiving education about Comprehensive Breastfeeding Education. This improvement indicates the success of the education program in expanding pregnant women's understanding of the importance of exclusive breastfeeding and its benefits for maternal and infant health. It is expected that this increase in knowledge will encourage positive breastfeeding practices after childbirth.

However, there were still 5 pregnant women (33.3%) who remained in the poor knowledge category after the post-test. This indicates that the improvement in knowledge was not evenly distributed among all participants. Several factors may have contributed to this outcome, including differences in educational background, prior breastfeeding experience, limited time to fully comprehend the material, and teaching methods that may not have fully met the learning needs of all participants. In addition, psychological factors such as anxiety before childbirth, lack of family support, and exposure to misinformation from the environment or media may also have influenced their understanding. Therefore, continuous education, more interactive approaches, varied educational media, and

individualized mentoring are needed to ensure that all pregnant women achieve an optimal level of understanding before entering the breastfeeding period.

d. Cadre Counseling Skills

The following are counseling skills for cadres:

Table 4. 4 counseling skills of cadres

Knowledge	Pre Test		Post Test	
	Amount (f)	Persentase (%)	Amount (f)	Persentase (%)
Not good	12	80,00	5	33,3
Good	3	20,00	10	66,7
Total	**15**	**100**	**15**	**100**

Based on the pretest and posttest results in Table 4.4 using a counseling skills checklist, it was found that there was an improvement in cadres' counseling skills after receiving training. During the pre-test, the skill level of cadres in the poor category was 12 people (80.0%), while 3 people (20.0%) were in the good category. During the post-test, the number of cadres in the poor category decreased to 5 people (33.3%), and those in the good category increased to 10 people (66.7%).

Based on these results, it can be concluded that cadres' counseling skills improved after receiving proper counseling training. This improvement reflects the effectiveness of the training in preparing cadres to provide appropriate support and accurate information to pregnant and breastfeeding mothers regarding the importance of exclusive breastfeeding. It is therefore expected that this will contribute to increasing the success of the breastfeeding program in the community.

However, there were still 5 cadres (33.3%) who remained in the poor skill category after the post-test. This indicates that the improvement in skills was not evenly distributed among all participants. Several factors may have influenced this outcome, including limited practice time during the training, lack of prior experience in conducting counseling, low self-confidence during simulations, and differences in interpersonal communication abilities among cadres. In addition, counseling skills require repeated practice and continuous mentoring, so a single training session may not be sufficient to achieve optimal results. Therefore, follow-up actions such as regular supervision, direct field practice, and periodic evaluations are necessary to ensure that all cadres reach a good level of counseling competence and are fully prepared to effectively support the breastfeeding program.

e. Observation of breastfeeding skills in cadres

The following are observations of good and correct breastfeeding technique skills among cadres:

Table 4.5 cadre skills

Knowledge	Pre Test		Post Test	
	Amount (f)	Persentase (%)	Amount (f)	Persentase (%)
Not good	7	46,7	3	20,00
Good	8	53,3	23	80,00
Total	**15**	**100**	**15**	**100**

Based on the pretest and posttest results in Table 4.5 using a checklist of proper and correct breastfeeding techniques related to cadre skills, it was found that there was an improvement in cadre skills related to the material provided during the pre-test and post-test activities. During the pre-test, the skill level of cadres in the poor category was 7 people (46.7%), while 8 people (53.3%) were in the good category. During the post-test, the

number of cadres in the poor category decreased to 3 people (20.0%), and those in the good category increased to 12 people (80.0%).

Based on these results, it can be concluded that cadre skills improved after receiving training on proper and correct breastfeeding techniques. This improvement reflects the effectiveness of the training in enhancing cadres' ability to provide practical support to mothers in implementing appropriate breastfeeding techniques. This is expected to strengthen the role of cadres in promoting exclusive breastfeeding in the community.

However, there were still 3 cadres (20.0%) who remained in the poor skill category after the post-test. This indicates that the improvement in skills was not evenly distributed among all participants. Several factors may have contributed to this outcome, including limited practice time during the training, lack of prior experience in assisting breastfeeding mothers, differences in motor skills and technical understanding, and low self-confidence when demonstrating breastfeeding techniques. In addition, mastering proper breastfeeding techniques requires repeated practice and real-life experience in the field, so a single training session may not be sufficient to achieve optimal competence. Therefore, follow-up actions such as continuous practice, field supervision, and periodic evaluations are necessary to ensure that all cadres reach a good level of competence in effectively supporting breastfeeding mothers

f. Observation of breastfeeding skills in pregnant women

The following are observations of good and correct breastfeeding techniques for pregnant women:

Table 4.5 skills of pregnant women

Knowledge	Pre Test		Post Test	
	Amount (f)	**Persentase (%)**	**Amount (f)**	**Persentase (%)**
Not good	10	66,7	4	26,7
good	5	33,3	11	73,3
Total	**15**	**100**	**15**	**100**

Based on the pretest and posttest results presented in Table 4.5 and Graph 4.5 using a checklist of proper and correct breastfeeding techniques related to the skills of pregnant women, it was found that there was an improvement in pregnant women's skills related to the material provided during the pre-test and post-test activities. During the pre-test, the skill level of pregnant women in the poor category was 10 people (66.7%), while 5 people (33.3%) were in the good category. During the post-test, the number of pregnant women in the poor category decreased to 4 people (26.7%), and those in the good category increased to 11 people (73.3%).

Based on these results, it can be concluded that the skills of pregnant women improved after receiving training on proper and correct breastfeeding techniques. This improvement indicates the success of the training program in strengthening pregnant women's understanding and ability to implement appropriate breastfeeding techniques. It is expected that this will support the success of exclusive breastfeeding after childbirth.

However, there were still 4 pregnant women (26.7%) who remained in the poor skill category after the post-test. This indicates that the improvement in skills was not evenly distributed among all participants. Several factors may have contributed to this outcome, including a lack of direct practical experience since most of them have not breastfed before, limited practice time during the training, differences in individual levels of understanding, and anxiety or low self-confidence before childbirth. In addition, breastfeeding skills are practical abilities that require repeated practice and direct assistance after the baby is born. Therefore, follow-up actions such as continuous education, additional simulations, and mentoring during the postpartum period are necessary to ensure that all mothers become more confident and skilled in applying proper and correct breastfeeding techniques.

2. Discussion

The results of the Comprehensive Breastfeeding Education program in Sidoluhur Village showed a significant increase in the knowledge and skills of cadres and pregnant women regarding proper breastfeeding. This is highly relevant considering that stunting remains a major problem both globally and nationally. The WHO reports that the prevalence of stunting increased from 144 million cases in 2020 to 149.2 million in 2021, thus emphasizing the need for continued efforts to improve nutrition, particularly in the first 1,000 days of life (WHO, 2021).

In Sidoluhur Village, cases of malnutrition in toddlers increased from 10 to 11 in 2024, with 6 of these being toddlers. The public perception that breastfeeding is mandatory for only six months leads mothers to underestimate the importance of continued breastfeeding until the age of two, even though babies still need breast milk to adapt to complementary feeding. The belief that breast milk production is decreasing also leads to a decrease in breastfeeding frequency, resulting in many babies not being breastfed until the age of two (Hayati, 2018).

Breast milk plays a crucial role in supporting a child's physical, mental, and cognitive growth. Research indicates that successful breastfeeding is greatly influenced by the mother's knowledge and awareness, as well as the role of health workers in providing education (Nurbaeti & Budi Lestari, 2017). However, global exclusive breastfeeding coverage remains low at 39%, far from the 50% target set by the WHO, and still below Indonesia's target of 80% (Ministry of Health, 2017).

Although exclusive breastfeeding coverage in Seluma Regency is expected to reach 100% by 2022, the stunting rate remains high at 22.1%. This situation indicates that exclusive breastfeeding coverage alone is insufficient without an understanding of correct breastfeeding techniques, ongoing counseling, and environmental support (Rahman et al., 2023).

Implementing comprehensive education for cadres has proven effective. Cadre knowledge increased from 60% to 86.7% after training, while pregnant women's knowledge increased from 40% to 66.7%. Improvements were also seen in the counseling skills of cadres and the breastfeeding techniques of pregnant women. These results are consistent with previous research suggesting that structured breastfeeding education can improve postpartum breastfeeding success (Burhan et al., 2021).

Factors hindering exclusive breastfeeding success, such as lack of knowledge, incorrect breastfeeding techniques, the promotion of formula milk, and minimal family support, can be minimized through education and empowerment of cadres (Nurbaeti & Budi Lestari, 2017). Through ongoing mentoring, cadres are able to provide direct monitoring and counseling to pregnant women so that breastfeeding practices can be optimal. Support from village governments, community health centers, and sub-districts also contributed to the success of the program.

Overall, the Comprehensive Breastfeeding Education program effectively improved breastfeeding understanding and skills and strengthened the role of cadres in supporting pregnant and breastfeeding mothers. This intervention has the potential to be replicated to reduce stunting in other areas with similar challenges.

D. Conclusion

The Comprehensive Breastfeeding Education program, which empowered cadres in Sidoluhur Village, successfully improved knowledge, perceptions of breast milk sufficiency, and breastfeeding skills among cadres and pregnant women. The increase in cadre knowledge from 60% to 86.7%, and the increase in pregnant women's knowledge from 40% to 66.7%, demonstrates the effectiveness of comprehensive education in improving understanding of breastfeeding. Cadre breastfeeding and counseling skills also improved, resulting in optimal engagement with pregnant women as companions.

This program has proven effective in addressing various previously identified barriers, such as the misperception that breastfeeding is mandatory for only six months, decreased perceptions of

breast milk production, and a lack of accurate information about exclusive breastfeeding. Through ongoing mentoring, cadres can provide direct support to pregnant women so that breastfeeding practices can be implemented correctly and consistently.

Overall, this activity has made a positive contribution to supporting stunting prevention efforts in Sidoluhur Village. Comprehensive breastfeeding education and cadre mentoring can be a sustainable strategy for achieving exclusive breastfeeding and ensuring optimal child growth and development.

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F. Author Contribution Statement

RB Designing the creation of PkM proposals, Presentation of proposals by the PkM Coordination Team and students regarding planning activities, Coordination with the Head of the Health Center, KIA Puskesmas regarding PkM activities, Coordinating the implementation of PkM activities, Compiling PkM activity books, Delivering PkM activity materials, Coordinating with reviewer activities, Making reports. EW plays the role of, Compiling PkM activity books, Delivering PkM activity materials, Making a logbook of mentoring activities, Implementing PkM activities, Publication of activities in the PkM Journal. RH Compiling PkM activity books, Helping prepare for the implementation of activities at the location, Making and analyzing pre and post knowledge tests for Cadres and pregnant women, Implementing PkM activities, Making PkM activity publication videos, Completing SPJ and PkM financial reports

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