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The effectiveness of health promotion program services in improving exclusive breastfeeding coverage

Listi Tri Syafira*, Fitriani Pramita Gurning, Dewi Agustina

Program Studi Ilmu Kesehatan Masyarakat, Universitas Islam Negeri Sumatera Utara
Corresponding author: *E-mail: listi0801223219@uinsu.ac.id

Abstract

Background: Exclusive breastfeeding is a key strategy to improve infant health because breast milk provides complete nutrition, supports growth, and protects infants from infectious diseases. Although national policies and health promotion programs have been implemented, exclusive breastfeeding coverage remains below the expected target in several areas, including the working area of the Biru Biru Community Health Center.
Purpose: To analyze the effectiveness of promotional program services in increasing exclusive breastfeeding coverage in the working area of the Biru Biru Community Health Center.
Method: A qualitative descriptive design was employed with a program evaluation approach based on the input-process-output framework. Data were collected through in-depth interviews, observation, and documentation involving health workers and breastfeeding mothers who were directly related to the exclusive breastfeeding promotion program. The data were analyzed through data reduction, data display, and conclusion drawing. NVivo 12 was used to assist the coding and organization of qualitative data
Results: The input component was generally adequate, particularly in terms of health workers, facilities, and promotional media. However, several limitations were found, including incomplete written guidelines, limited program funding, and uneven participation among mothers. In the process component, health education, counseling, and mentoring activities were routinely implemented, although they were constrained by mothers' low participation and health workers' workload. In the output component, the program contributed to increased maternal knowledge and a more positive attitude toward exclusive breastfeeding, but the coverage had not yet reached the expected target.
Conclusion: The exclusive breastfeeding promotion program at the Biru Biru Community Health Center has supported the improvement of maternal knowledge and awareness, but its effectiveness remains suboptimal. Strengthening program planning, increasing community participation, optimizing promotional media, and improving the role of health workers are needed to achieve better exclusive breastfeeding coverage.

Keywords: Effectiveness; Exclusive Breastfeeding; Promotional Programs; Services.

INTRODUCTION

According to World Health Organization (WHO), the gold standard for children is exclusive breastfeeding until the age of 6 months, because breast milk contains complete and balanced nutrition that is easily digested by the baby's stomach and protects the baby from germs and bacterial infections (Hasibuan, Malaikosa, Rakhmawati, Marlita, & Mayshita, 2025). WHO stipulates that 50% of the entire infant population in the world should receive exclusive breastfeeding, but this achievement has not been implemented properly. Based on the Global Breastfeeding Scorecard 2023, the prevalence of exclusive breastfeeding is still 44% which is met, meaning it is still below the minimum target. In

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Indonesia, although the government has established policies such as Government Regulation No. 33 of 2012, the national coverage rate in 2024 is still 69.26%, not reaching the national target of 80% (World Health Organization, 2023).

The Exclusive Breastfeeding Program is an effort designed to promote the practice of breastfeeding babies, and does not introduce additional food or drink (Ashari & Ahsan, 2024). Health services are provided in an integrated manner to maintain and improve the health status of individuals (Dano, 2023). Government policies also continue to encourage the coverage of exclusive breastfeeding through promotive and preventive approaches implemented in first-level health care facilities such as community health centers, and focus on ensuring that health services run well, through outreach activities, lactation counseling, pregnant women's classes, and empowerment of cadres (Gurning, Lubis, Hasibuan, & Adeliyani, 2021).

Based on the 2024 North Sumatra Provincial Health Profile, the exclusive breastfeeding coverage rate was recorded at 57.27% while in Deli Serdang Regency in 2024, it dropped to 52.84% (Health Office of Deli Serdang Regency, 2024). The Biru Biru Community Health Center area is one of the points that receives special attention because it is ranked 14th out of 22 sub-districts in Deli Serdang that have not met the target. The latest data in December 2025 shows that of the 97% of mothers who breastfeed, only 60% actually implement exclusive breastfeeding. This shows that the effectiveness of promotive programs is not only determined by the existence of the program, but also how the program is implemented, received, and understood by the target audience (Gurning, Alfazira, Hairuna, & Hasibuan, 2021). Promotive programs strive to prevent disease before it occurs through education, counseling, advocacy, and community empowerment (Aidha & Harahap, 2024). This also requires a strategy that not only focuses on providing information but also integrates a comprehensive and contextual approach to community needs (Harahap, Aidha, & Siregar, 2022).

The target achievement of the promotive program expected by the Biru Biru Health Center is 80%, but only 52.34% is still implemented in the maternal and child health program, because conditions during counseling are less conducive and health workers often have a heavy workload. The low coverage of exclusive breastfeeding is inseparable from various obstacles faced by breastfeeding mothers, due to work and understanding of breast milk as well as less than optimal delivery of information and assistance.

Health program planning can be done with several models such as social assessment, collecting and organizing data, program development and implementing interventions (Hasibuan, 2021). Therefore, there is a gap between previous research which focuses more on measuring aspects of maternal knowledge levels and has not explored in depth how the process of implementing promotive program services and the obstacles faced by health workers and mothers involved in program implementation.

Based on the background description above, the researcher is interested in conducting research on the effectiveness of promotive program services in efforts to increase exclusive breastfeeding coverage in the Biru Biru community health center work area, which aims to analyze the components of the exclusive breastfeeding promotive program services.

RESEARCH METHOD

A qualitative descriptive design was employed with a program evaluation approach. This design was selected because the study aimed to describe and analyze the implementation and effectiveness of promotional program services in increasing exclusive breastfeeding coverage, rather than to test a hypothesis or measure statistical relationships. The evaluation was guided by the input-process-output framework, which allowed the researcher to examine the availability of program resources, the implementation of promotional activities, and the outcomes perceived by health workers and breastfeeding mothers.

The research was conducted in the working area of the Biru Biru Community Health Center, Deli Serdang Regency. This location was selected because exclusive breastfeeding coverage in this area had not reached the expected target, even though promotional activities had been implemented through health education, counseling, community outreach, and maternal support activities.

Informants were selected purposively based on their direct involvement in the exclusive breastfeeding promotion program. The informants

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Program Studi Ilmu Kesehatan Masyarakat, Universitas Islam Negeri Sumatera Utara
Corresponding author: *E-mail: listi0801223219@uinsu.ac.id

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consisted of one head of the community health center, one person in charge of the maternal and child health program, one nutritionist, one integrated health service cadre, and several mothers with children aged 7–12 months. These informants were considered relevant because they had direct experience with the planning, implementation, delivery, and reception of exclusive breastfeeding promotional services.

Data were collected through in-depth interviews, observation, and documentation. Interviews were conducted using a semi-structured interview guide to explore informants' experiences, perceptions, and evaluations of the program. Observation was conducted to examine the implementation of promotional activities and the availability of supporting facilities. Documentation was used to review supporting data such as program reports, educational media, activity records, and exclusive breastfeeding coverage data.

Data were analyzed using the Miles and Huberman model, consisting of data reduction, data display, and conclusion drawing. The interview data were first transcribed and read repeatedly to obtain an overall understanding. The researcher then conducted initial coding based on relevant statements from informants. The codes were grouped into categories and further developed into themes according to the input, process, and output components of the program. NVivo 12 was used as a supporting tool to organize codes, categories, and themes, not as the sole basis for interpretation.

To ensure the trustworthiness of the data, this study applied several strategies. Credibility was strengthened through triangulation of interviews, observation, and documentation. Dependability was maintained by documenting the research process, including data collection procedures, coding stages, and theme development. Confirmability was supported by linking the findings to direct evidence from informants and documents. Transferability was addressed by providing a detailed description of the research context, informants, and program setting.

Ethical considerations were also applied in this study. All informants were informed about the purpose of the study, their voluntary participation, and their right to withdraw at any time. The confidentiality of informants was maintained by avoiding the disclosure of personal identities. Data were used only for academic purposes.

RESEARCH RESULTS

Table Characteristics of the Informants

Informant Code	Age	Gender	Education	Occupation	Description
I.1	53	Male	Master	Head of the health center	Key Informant
I.2	53	Female	Bachelor	Person in Charge of MCH	Main Informant
I.3	24	Female	Diploma	Nutritionist	Main Informant
I.4	40	Female	Senior High	Cadres	Supporting Informant
I.5	32	Female	Senior High	Housewife	Supporting Informant
I.6	27	Female	Senior High	Self-employed	Supporting Informant
I.7	35	Female	Senior High	Self-employed	Supporting Informant
I.8	30	Female	Senior High	Housewife	Supporting Informant
I.9	27	Female	Senior High	Self-employed	Supporting Informant

Table 1 presents the characteristics of the nine informants involved in this study, comprising one key informant, two primary informants, and six supporting informants. The key informant was the head of the community health center, while the primary informants included the person in charge of maternal and child health (53 years old) and a nutritionist (24 years old). The supporting informants consisted of health cadres, housewives, and self-employed individuals. The informants ranged in age from 24 to 53 years and were predominantly female. Educational attainment varied, encompassing high school, diploma, bachelor's, and master's degrees. Occupational backgrounds were diverse, including health center leadership, maternal and child health personnel,

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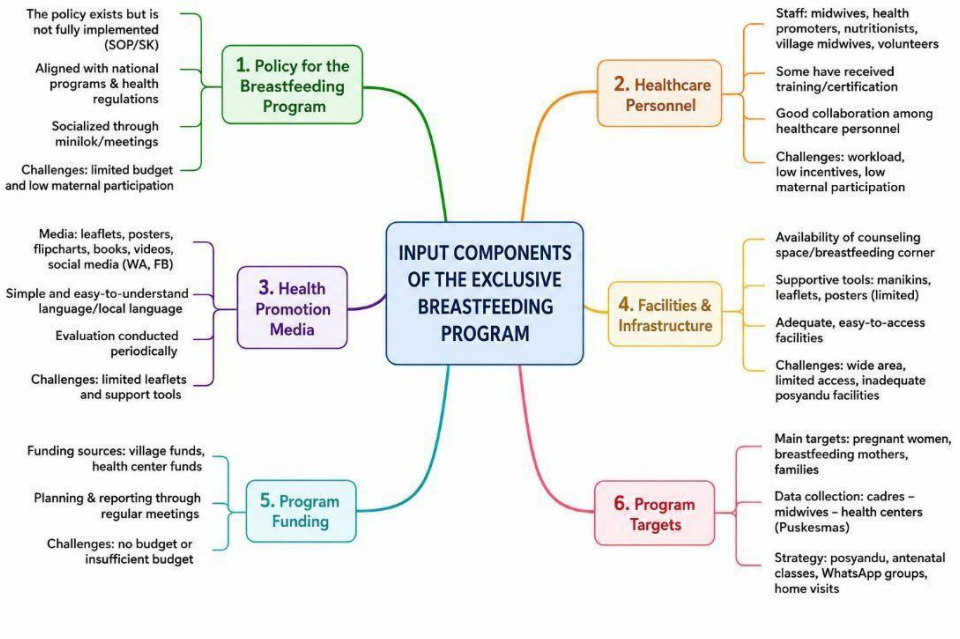
nutritionists, cadres, housewives, and self-employed workers. This heterogeneity provided a broad spectrum of perspectives on program implementation, encompassing managerial, technical, and community viewpoints. Overall, the informant profile demonstrates that the study engaged multiple stakeholders with distinct roles and experiences, thereby enriching the data and enabling a comprehensive understanding of the phenomenon under investigation.



Figure Words that Frequently Appear in Research

Analysis of interview data revealed several recurring terms that reflect the central themes of this study. Frequently mentioned keywords included *health workers, infrastructure, promotional media, processes, health education, program targets, monitoring and evaluation,* and *cadre empowerment*. These recurring expressions highlight the dominant issues and focal points identified by informants, serving as indicators of the critical components underpinning program implementation.

Input Components in the Exclusive Breastfeeding Program



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Policy for the breastfeeding program

The exclusive breastfeeding program policy has been routinely implemented through integrated health service posts, pregnancy classes, and health education. This program runs monthly and targets pregnant women, those giving birth, and those breastfeeding. However, this policy generally lacks written guidelines such as standard operating procedures (SOP), decrees, or technical instructions, and relies more on national policies and departmental directives health: As in the following interview, "It's an unwritten policy, because it's a national program that covers all aspects of life, so it's mandatory. Every month, there are classes for pregnant women and visits about exclusive breastfeeding." (I.1)

Policy socialization is carried out through monthly workshops and cross-program coordination, with a target of achieving exclusive breastfeeding of around 80–100%. The main obstacles to implementation are low maternal participation in outreach activities and time constraints. "There's a lack of maternal participation in the integrated health service, sometimes it's not the mother who brings the child to the integrated health service, but the grandmother."(I.3). Therefore, health workers conduct repeated education to increase understanding and awareness of the importance of exclusive breastfeeding.

Health workers

Based on interviews with the head of the community health center, maternal and child health/health promotion staff, nutritionists, and integrated health service post cadres, it was discovered that the health workers involved in the exclusive breastfeeding promotion program include maternal and child health officers, health promotion practitioners, nutritionists, village midwives, and integrated health service cadres, each with their own roles. The head of the community health center stated that "There are four main personnel directly involved in the program: maternal and child health officers, health promotion practitioners, nutritionists, and midwives" (I.1) and that "collaboration among health workers has been running well" (I.1).

This was supported by the maternal and child health officer who stated that "The division of tasks is carried out according to their respective areas, with maternal and child health officers monitoring pregnant women, health promotion staff providing counseling, nutritionists monitoring nutritional status, and midwives conducting direct field monitoring." (I.2). The nutritionist also stated that "Coordination among health workers has been going quite well" (I.3) and that cadres play a role in disseminating information and collecting data on pregnant and breastfeeding women. To improve the quality of services, some health workers have received training. The maternal and child health officer stated that "health workers have received training and certification from the health office" (I.2), and the cadre stated that "they have received training on exclusive breastfeeding, although not regularly every year" (I.4). However, challenges remain. The nutritionist stated that "health workers have a heavy workload, resulting in sometimes late reporting of activities" (I.3). Furthermore, maternal participation remains low. The maternal and child health officer explained that "the busy schedules of pregnant and breastfeeding mothers prevent them from always attending counseling sessions" (I.2). Thus, it can be concluded that the division of tasks and collaboration among health workers are good, but the program's effectiveness is still affected by workload and low maternal participation in promotional activities.

Promotional media

Based on the interview results, the health promotion media for the exclusive breastfeeding program in the Biru Biru Community Health Center work area includes leaflets, posters, flipcharts, maternal and child health books, and social media such as WhatsApp and Facebook which are used in integrated health posts activities and pregnancy classes. Maternal and child health/health promotion officers stated that “promotional media were selected through routine monthly meetings using simple language and regional languages so that they are easy to understand” (I.2). Health promotion/maternal and child health officers stated that “leaflets are only a supplement” (I.2) while cadres said, “social media is more effective because almost all mothers use mobile phones.” (I.4). Nutritionists stated that "educational media such as food models are not yet available" (I.3). Thus, the facilities and infrastructure are sufficient, but the size of the area, limited integrated health post facilities, and lack of educational tools are still obstacles.

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Funding

Based on interviews, funding for the exclusive breastfeeding promotion program in the Biru Biru Community Health Center area comes from health operational assistance funds, village funds, and support from the community health center, which are used for outreach activities, cadre training, educational media, and integrated health posts. The head of the community health center explained that "funding is carried out through collaboration between the village government and the community health center, with planning and reporting through regular monthly meetings." (I.1). Breastfeeding mothers also said that “it is easier to understand information through social media because it is more interesting” (I.6). However, the use of print media is still limited. Some mothers admitted that they “have never received leaflets or seen posters” (I.6) due to the limited number of media. Thus, promotional media is diverse, but the limited number of print media remains a constraint.

Facilities and infrastructure

Based on interviews, the facilities and infrastructure for the exclusive breastfeeding promotion program at the Biru Biru Community Health Center include a counseling room, a breastfeeding corner, a projector, brochures, billboards, and integrated health post facilities and classes for pregnant women. The head of the community health center stated that "the breastfeeding counseling room is available, and the maternal and child health officer is in charge" (I.1), and the maternal and child health officer added that "a breastfeeding corner is available to support mothers' comfort" (I.2).

Most informants assessed the facilities as quite helpful and easily accessible. Breastfeeding mothers reported that "the facilities at the community health center are comfortable enough for consultations" (I.7), and that the integrated health post activities and classes for pregnant women were considered helpful in understanding exclusive breastfeeding. However, challenges remain. The head of the community health center stated that "the large working area (17 villages) makes visits difficult due to the long distances." (I.1). Furthermore, facilities at some integrated health posts are still limited. Cadres reported "damaged equipment such as scales" (I.4). The maternal and child health/health promotion officer stated that "available funds are sufficient to support the implementation of promotional activities" (I.2), and the cadre added that "village fund support is quite helpful for outreach activities at the integrated health post" (I.4). The nutritionist also stated that "there are allocations of funds, such as health operational assistance fund, for nutrition education for breastfeeding mothers and the procurement of educational media." (I.3). However, the nutritionist stated that "if funds are not available, promotional activities can be hampered and not run optimally." (I.3) Thus, program funding is sufficient, but it still requires sustainability for optimal promotional activities.

Program Objectives

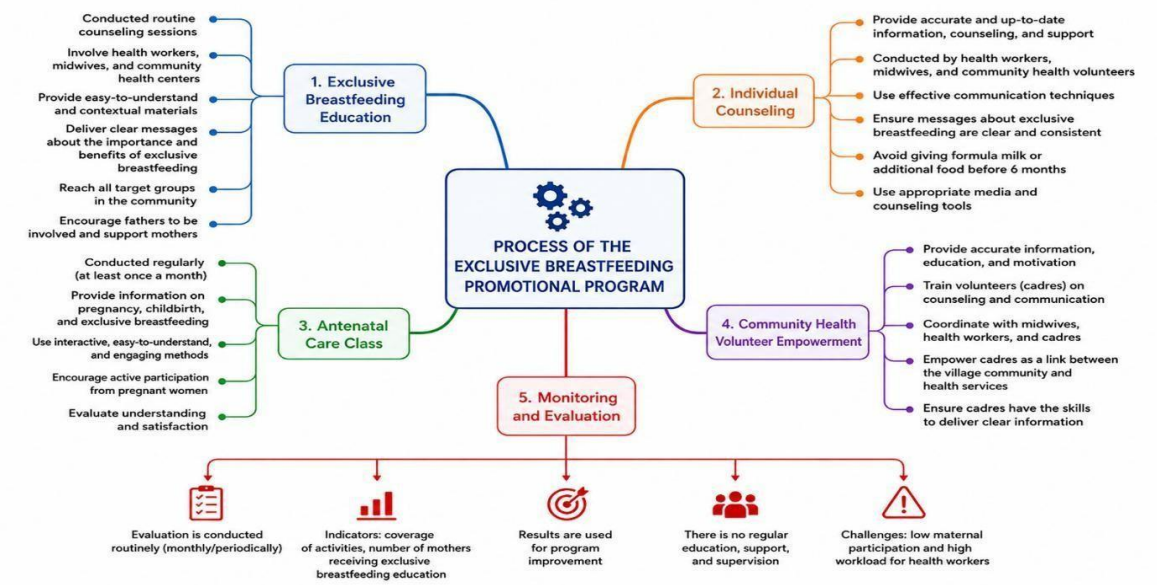
Based on interviews, the primary targets of the exclusive breastfeeding promotion program include pregnant women, breastfeeding mothers, and infants aged 0–6 months. The informant stated that "the program targets were established because these groups play a crucial role in the success of exclusive breastfeeding." The nutritionist added, "target data collection is carried out in stages, starting with the integrated health post cadres who collect data on pregnant and breastfeeding mothers. This data is then reported to the village midwife and then forwarded to the community health center and nutrition officers." (I.3). The strategy for reaching these targets is implemented through integrated health post, pregnancy classes, WhatsApp groups, social media, and home visits, especially for mothers who cannot attend activities. However, some mothers still do not feel included in the program's target group, indicating the need for improved information dissemination so that all breastfeeding mothers understand that they are the primary target group of the exclusive breastfeeding promotion program.

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Process Components in the Exclusive Breastfeeding Program



Exclusive breastfeeding education

Based on interviews, exclusive breastfeeding counseling is conducted routinely every month, in conjunction with integrated health posts and pregnancy classes by health promotion officers, village midwives, nutritionists, and integrated health post cadres. Methods used include lectures, discussions, Q&A sessions, and counseling to ensure the material is easily understood. The material presented covers the importance of exclusive breastfeeding, healthy food for breastfeeding mothers, proper breastfeeding techniques, and the benefits of breast milk for infant health and immunity. Most mothers stated that "the counseling activities were quite helpful in increasing understanding of exclusive breastfeeding and its benefits for babies" (I.8). However, the implementation of counseling still faces obstacles such as working mothers, low participation, and unfavorable conditions due to fussy children, which can make some mothers less able to focus on the material.

Breastfeeding counseling

Interview results indicate that "breastfeeding counseling is provided during pregnancy, the postpartum period, through integrated health service posts activities, and when mothers experience problems breastfeeding." Counseling is provided directly by health workers to help overcome obstacles and increase the success of exclusive breastfeeding. Common problems include insufficient milk supply, breast pain, and breastfeeding difficulties due to working mothers. Treatment is carried out through repeated education, monitoring of mothers and babies, providing healthy food suggestions, and home visits when necessary. Furthermore, counseling results are recorded in integrated health post and maternal and child health books to monitor the development of mothers and babies and provide follow-up to counseling services.

Pregnant women class

Based on interviews, "pregnancy classes are held routinely every month by the community health center and village midwives. The material provided includes breastfeeding preparation, breast care, maternal nutritional needs, and the importance of exclusive breastfeeding for babies" (I.2). Most informants stated that "pregnancy classes help increase mothers' knowledge and preparedness in providing exclusive breastfeeding after delivery." Through these activities, pregnant women receive information and the opportunity to discuss breastfeeding issues directly with health workers. However, the implementation of pregnancy classes still faces obstacles in the form of "low attendance by pregnant women due to busy work and other activities." This situation means that not all target groups are able to participate regularly.

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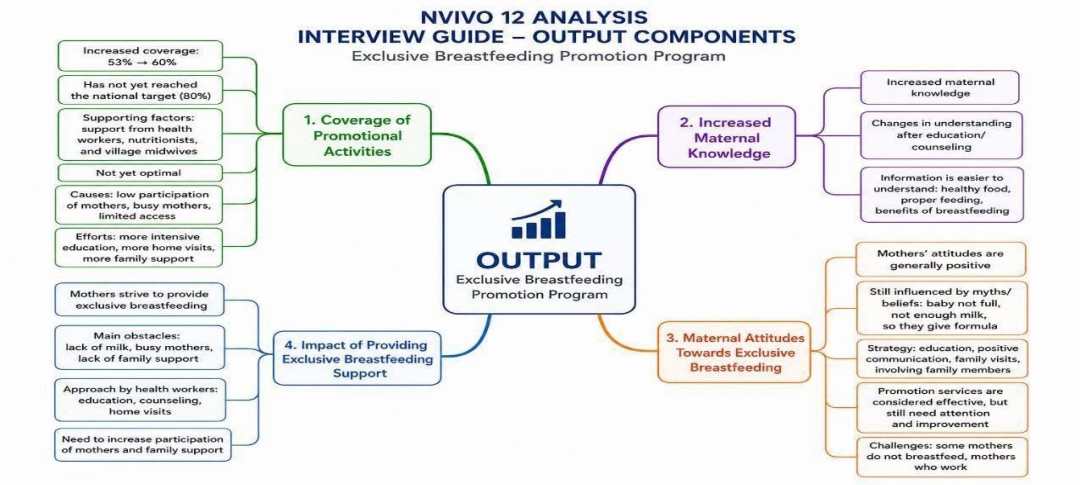
Empowerment of cadres

Interviews with nutritionists indicated that “integrated health post cadres play a crucial role in implementing the exclusive breastfeeding promotion program. Cadres are tasked with disseminating health information to the community, registering pregnant and breastfeeding mothers, assisting with outreach programs, and conducting community monitoring. I regularly provide nutrition materials to cadres." (I.2) Cadres receive guidance and training from the community health center and midwives to ensure they are competent in carrying out their duties. However, several informants stated that "cadre training is not yet conducted routinely, so regular training is still needed." Reporting on cadre activities is conducted through the midwife and forwarded to the community health center for program monitoring. The presence of cadres is considered to be very helpful for health workers in reaching the community, especially in large rural areas. "Yes, of course, because cadres are the ones who will interact directly with the community in the village" (I.9).

Monitoring and evaluation

Based on the interview results, program monitoring was conducted through recording in the integrated health post book, the maternal and child health book, cadre reports, and reporting using the *SIGIZI Kesga* application. Monitoring was conducted to determine the progress of program implementation and the achievement of exclusive breastfeeding in the community health center work area (recording in the integrated health post book and then reporting using the *SIGIZI Kesga* application) (I.3). Program evaluation was conducted monthly through mini-workshops involving relevant health workers. These activities included discussions. regarding program achievements, implementation challenges, and necessary improvements. "Once a month, we always discuss the challenges encountered" (I.1). If the exclusive breastfeeding coverage target has not been achieved, the community health center will increase community education, re-evaluate activities, and strengthen outreach and support for breastfeeding mothers. These efforts are intended to ensure optimal implementation of the exclusive breastfeeding promotion program.

Output Components in the Exclusive Breastfeeding Program



Scope of breastfeeding promotion activities

Interview results indicated that most informants stated that "exclusive breastfeeding promotion activities have been carried out routinely and have provided benefits to the community." These activities include outreach, classes for pregnant women, breastfeeding counseling, and mentoring by cadres and health workers. However, program outcomes are considered to have not significantly increased in line with established targets. Several factors contributing to low program coverage include working mothers who find it difficult to participate in activities, low maternal participation, the high workload of health workers, and mothers' limited time to participate in outreach activities.

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Mother's knowledge increases

Based on interviews, most mothers understood the concept of exclusive breastfeeding, the duration of breastfeeding for six months, and the benefits of breast milk for infant health. This knowledge was gained through outreach activities, prenatal classes, integrated health posts, and social media used by health workers. "I think it's beneficial for maintaining the baby's health" (I.9). However, some mothers still lacked understanding of the importance of exclusive breastfeeding and healthy eating for breastfeeding mothers. "I don't know, I give my child formula" (I.8). This situation indicates that education regarding exclusive breastfeeding still needs to be improved to improve maternal understanding and become more widespread.

Mother's positive attitude towards breastfeeding

Interview results indicate that most mothers have a positive attitude towards exclusive breastfeeding and consider it important for the health and nutritional needs of babies. Mothers recognize that breast milk has benefits in improving the immune system and growth of babies. "I think it is important so that the health and needs of babies are met" (I.8). However, there are still several obstacles in practicing exclusive breastfeeding, such as not having a smooth breast milk supply, working mothers, the use of infant formula, and mothers' lack of confidence in the sufficiency of their breast milk. "Because the milk is difficult to come out" (I.7). These obstacles affect the success of exclusive breastfeeding in some breastfeeding mothers. To overcome these problems, health workers undertake various efforts such as education, breastfeeding counseling, home visits, and providing support to breastfeeding mothers to stay motivated to provide exclusive breastfeeding to their babies.

DISCUSSION

This study discusses the effectiveness of promotive program services in increasing exclusive breastfeeding coverage by using Avedis Donabedian's framework, which emphasizes three interrelated components of health service quality: input or structure, process, and output or outcome. In this study, input refers to the availability of program policies, health workers, promotional media, funding, facilities, and target groups. Process refers to the implementation of health education, breastfeeding counseling, pregnancy classes, cadre empowerment, and monitoring and evaluation. Meanwhile, output refers to the extent to which the program contributes to wider promotional coverage, improved maternal knowledge, and more positive maternal attitudes toward exclusive breastfeeding.

Overall, the findings indicate that the exclusive breastfeeding promotion program at the Biru Biru Community Health Center has contributed positively to maternal education and awareness. However, the program has not yet achieved optimal effectiveness because several supporting components are still uneven. This condition shows that the existence of a promotional program alone is not sufficient to increase exclusive breastfeeding coverage. Program effectiveness depends on how well the available resources are translated into consistent services, meaningful communication, and continuous support for mothers and families.

The input component shows that the exclusive breastfeeding promotion program already has several important supporting elements, including program policy, health workers, promotional media, facilities, and target groups. The existence of program policy is important because it provides direction for activities such as counseling, pregnancy classes, integrated health services, and breastfeeding support. However, the findings also indicate that policy implementation has not fully operated as a technical guideline in the field. This means that the policy is present at the administrative level, but its translation into routine practice still depends greatly on the initiative of health workers. This finding strengthens the view that policy support and institutional commitment are important factors in the sustainability of exclusive breastfeeding programs (Fauziah, 2022).

Health workers are the main actors in the implementation of the program. Midwives, nutritionists, nurses, and cadres serve not only as information providers, but also as facilitators who accompany mothers in understanding and practicing exclusive breastfeeding. Their role is strategic because mothers tend to trust information delivered directly by health personnel. Nevertheless, the effectiveness of health workers is limited when their workload is high, when the number of personnel is not proportional to community needs, or when

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program responsibilities are not clearly distributed. Therefore, the issue is not merely the availability of health workers, but also their capacity, coordination, and institutional support. This is consistent with previous findings that support from health workers influences the success of exclusive breastfeeding (Kusumawati, 2021).

Promotional media are also an important input in the program. Leaflets, posters, banners, audiovisual materials, and direct counseling can help mothers understand the benefits of exclusive breastfeeding. However, promotional media will only be effective when the content is clear, accessible, and relevant to the mothers' daily situation. In this context, printed media and face-to-face counseling remain useful, but they need to be strengthened with more contextual messages. Mothers do not only need general information about the benefits of breast milk; they also need practical guidance on breastfeeding techniques, overcoming perceived insufficient milk supply, managing family pressure, and avoiding early formula feeding. Therefore, promotional media should not function only as information tools, but also as instruments for behavioral support. This is in line with previous studies showing that appropriate health education media can improve maternal knowledge and understanding of exclusive breastfeeding (Devi, Astidio, & Subandriani, 2022).

Program funding also affects the quality and continuity of promotional activities. Adequate funding is needed to support outreach activities, educational media, integrated health services, monitoring, and evaluation. Limited funding may reduce the frequency of activities, limit the production of media, and weaken follow-up services for mothers who need assistance. In other words, funding influences not only the availability of materials, but also the consistency and reach of the program. Promotional programs that rely only on routine activities without sufficient financial support may continue to operate, but their impact tends to be limited. This supports previous research which states that adequate financial support contributes to the success of health promotion programs (Pradini, Maritasari, & Nurdiansyah, 2024).

Facilities and infrastructure also determine the quality of promotive services. Counseling rooms, educational tools, integrated health service facilities, information media, and health equipment help create a supportive environment for breastfeeding promotion. However, facilities should be understood not only as physical resources, but also as part of service accessibility. If mothers find it difficult to attend counseling sessions or integrated health service activities because of distance, time constraints, or family responsibilities, then the availability of facilities does not automatically lead to service utilization. Therefore, the program needs to ensure that health facilities are not only available, but also accessible and responsive to the needs of pregnant and breastfeeding mothers. Adequate facilities have been shown to improve the quality of promotive and preventive health services (Wahab, Rahim, Azis, Suryaningsih, & Aisyah, 2022).

The target groups of the program include pregnant women, breastfeeding mothers, families, and the wider community. This is important because the success of exclusive breastfeeding is rarely determined by mothers alone. Family members, especially husbands and older relatives, often influence decisions related to infant feeding. When families do not understand the importance of exclusive breastfeeding, mothers may face pressure to introduce formula milk, water, or complementary foods before the age of six months. Therefore, promotional programs need to move beyond mother-centered education and involve the family as a support system. This finding is consistent with studies showing that education, family support, and environmental support influence the success of exclusive breastfeeding (Permanasari, Erlani, Fadli, Sari, & Rahayu, 2021).

The process component describes how program resources are implemented in the field. The findings show that health education, breastfeeding counseling, pregnancy classes, cadre empowerment, and monitoring and evaluation are already carried out as part of the exclusive breastfeeding promotion program. However, the effectiveness of these activities depends on their continuity, quality of communication, and the extent of maternal participation.

Health education is one of the main activities in the program. It is usually delivered through integrated health service activities, community health center services, and pregnancy classes. This activity helps mothers understand the benefits of exclusive breastfeeding, proper breastfeeding techniques, and

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Program Studi Ilmu Kesehatan Masyarakat, Universitas Islam Negeri Sumatera Utara
Corresponding author: *E-mail: listi0801223219@uinsu.ac.id

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the risks of early complementary feeding. However, increasing knowledge is not always enough to change behavior. Some mothers may already know that exclusive breastfeeding is important, but still face barriers such as work demands, lack of confidence, perceived insufficient milk production, family influence, or limited support after delivery. Therefore, health education needs to be designed not only to provide information, but also to address the real obstacles faced by mothers in their daily lives. Regular health education has been found to increase maternal awareness of exclusive breastfeeding (Susilawati & Wijhati, 2021).

Breastfeeding counseling has a more personal function than general health education. Through counseling, health workers can identify specific problems experienced by mothers, such as difficulty in breastfeeding position, nipple pain, anxiety about milk supply, or uncertainty about infant feeding practices. Counseling becomes important because many breastfeeding problems require direct explanation and emotional support. However, counseling will be less effective if it is only conducted when mothers visit health facilities. Mothers who rarely attend integrated health service or who stop breastfeeding early may not receive adequate assistance. Therefore, breastfeeding counseling should be strengthened through follow-up mechanisms, home visits, cadre involvement, or community-based support. Previous studies have shown that breastfeeding counseling can increase breastfeeding success and maternal self-efficacy (Wati, Sumini, Suryani, & Sari, 2025).

Pregnancy classes also play an important role because preparation for exclusive breastfeeding should begin before delivery. Education during pregnancy gives mothers time to understand the benefits of breastfeeding, prepare themselves physically and psychologically, and discuss potential challenges before the baby is born. However, the effectiveness of pregnancy classes depends on attendance and the quality of the material delivered. If pregnant women attend classes only once or receive general information without practical guidance, the impact may be limited. For this reason, pregnancy classes should include practical and interactive sessions, such as breastfeeding position, early initiation of breastfeeding, breast milk storage, and family support. Previous studies also show that education during pregnancy can improve readiness and success in exclusive breastfeeding (Idayanti, Wilujeng, Setiyaningsih, & Puteri, 2025).

Cadre empowerment is another important process component because cadres are closer to the community and can reach mothers outside formal health facilities. Cadres can help deliver information, invite mothers to attend integrated health service, monitor breastfeeding practices, and provide basic support. Their role is especially important in areas where health workers have limited time and workload constraints. However, cadres need continuous training and supervision so that the information they provide remains accurate and consistent. Without adequate capacity building, cadres may only function as activity mobilizers rather than as effective breastfeeding support agents. Therefore, cadre empowerment should be strengthened as a bridge between health services and the community. Previous research also confirms that cadres contribute to breastfeeding education and maternal support (Rosa, Ulfa, Kamalia, & Retnosari, 2024).

Monitoring and evaluation are necessary to assess whether the program is implemented properly and whether it produces the expected results. In this study, monitoring was conducted through recording exclusive breastfeeding coverage, observing program implementation, and evaluating maternal participation in health activities. However, monitoring should not stop at administrative reporting. Coverage data needs to be used as a basis for identifying mothers who need additional support, areas with low participation, and activities that need improvement. Evaluation will be more useful when it leads to program adjustment, not only documentation. This means that monitoring and evaluation should function as a learning mechanism for improving service quality. Previous studies also emphasize that monitoring and evaluation help improve the effectiveness and quality of health services (Sutari, Syah, & Rida, 2024).

The output component shows that the program has produced several positive results, particularly in expanding promotional activities, increasing maternal knowledge, and shaping more positive attitudes toward exclusive breastfeeding. These outputs indicate that the program has had a beneficial role in the community. However, the findings also show that these outputs have not fully resulted in optimal

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Corresponding author: *E-mail: listi0801223219@uinsu.ac.id

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exclusive breastfeeding coverage. This suggests that there is still a gap between knowledge, attitude, and actual breastfeeding practice.

The scope of breastfeeding promotion activities has expanded through integrated health service, pregnancy classes, health education, and the involvement of cadres and health workers. These activities allow information about exclusive breastfeeding to reach pregnant women and breastfeeding mothers more widely. However, wider activity coverage does not always mean that all target groups are reached equally. Mothers who are less active in integrated health service, mothers with work responsibilities, or families with limited access to health information may still be left behind. Therefore, the program needs to identify groups that are not reached by routine activities and develop more flexible outreach strategies. Promotional activities and cadre involvement have been shown to support the improvement of public health services (Setiyani, Husni, Nisa'Mairo, Isfentiani, Pipitcahyani, & Jeniawaty, 2023).

Improved maternal knowledge is one of the clearest outputs of the promotional program. Through counseling, education, and outreach, mothers gain a better understanding of the benefits of exclusive breastfeeding for infant growth, immunity, and health. However, knowledge improvement should be interpreted carefully. Mothers may understand the importance of exclusive breastfeeding, but knowledge alone does not guarantee consistent practice. Some mothers may still introduce formula milk or complementary foods early because of family pressure, concerns about milk production, or practical difficulties after childbirth. Therefore, the program needs to continue supporting mothers after they receive information, especially during the early postpartum period when breastfeeding challenges often occur. Health education has been found to increase knowledge and support the success of exclusive breastfeeding (Lestari, Hanum, Juliana, Usman, Rosita, & Ismail, 2025).

The program also contributes to the development of more positive maternal attitudes toward exclusive breastfeeding. Education and support from health workers can increase mothers' confidence and motivation to breastfeed. A positive attitude is important because it influences mothers' willingness to continue breastfeeding despite challenges. However, attitude change is strongly affected by the social environment. A mother who has a positive attitude may still experience difficulties if her family does not support exclusive breastfeeding or if she lacks assistance when problems occur. Therefore, strengthening maternal attitude should be accompanied by strengthening family and community support. Previous studies show that education and support from health workers can increase mothers' motivation to provide exclusive breastfeeding (Zahra, Wahyutri, & Putri, 2023).

Based on the input-process-output analysis, the exclusive breastfeeding promotion program at the Biru Biru Community Health Center can be considered beneficial but not yet fully optimal. The program has adequate basic components and has contributed to maternal knowledge and awareness. However, several barriers remain, including limited funding, uneven participation, workload of health workers, limited follow-up support, and the gap between knowledge and practice. These findings imply that program improvement should focus on strengthening technical guidelines, improving the capacity and coordination of health workers and cadres, developing more practical and contextual promotional media, involving families more actively, and using monitoring results as a basis for program improvement. With these improvements, promotive services are expected to contribute more effectively to increasing exclusive breastfeeding coverage in the community.

CONCLUSION

The exclusive breastfeeding promotion program at Biru Biru Community Health Center has improved maternal knowledge and attitudes. Using Donabedian's input–process–output framework, the program is supported by policies, health workers, media, facilities, funding, and defined target groups. Promotive activities—health education, counseling, pregnancy classes, cadre empowerment, and monitoring—have enhanced mothers' understanding and attitudes. However, effectiveness remains limited due to the absence of operational guidelines, inadequate media and facilities, funding constraints, low participation, and mothers' lack of confidence. Strengthening the program requires clearer technical guidelines, improved media, better coordination,

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greater family and community involvement, and continuous mentoring to achieve higher exclusive breastfeeding coverage.

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Listi Tri Syafira*, Fitriani Pramita Gurning, Dewi Agustina

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Corresponding author: *E-mail: listi0801223219@uinsu.ac.id

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Corresponding author: *E-mail: listi0801223219@uinsu.ac.id

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