

**VIDEO-BASED INTERVENTION ON THE KNOWLEDGE OF BREAST-MILK SUPPORT  
GROUP IN SEMBUBUK VILLAGE, MUARO JAMBI REGENCY:  
A PRE-EXPERIMENT STUDY**

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**Abstract**

**Introduction:** Breast milk is the best food for babies because it contains nutrients to support growth and development. The achievement rate of exclusive breastfeeding in ASIA countries has not yet reached the expected target. The coverage of exclusive breastfeeding in Jambi Province in 2018 was 59.36%. The success of exclusive breastfeeding is not only influenced by the mother's physical and mental readiness to breastfeed. Still, it is also influenced by support from health workers and the family. The study aimed to determine the effect of counseling using breastfeeding video on grandmothers' knowledge as breastfeeding support in Sembubuk Village, Muaro Jambi Regency.

**Methods:** This type of pre-experimental research using the One Group Pretest-Posttest design, which saw 40 grandmothers of the Breast Milk Support Group members, was carried out from June 2020 to July 2021. Respondents answer the questionnaires to complete the data collection. The intervention carried out in this study was the provision of counseling using video media about breastfeeding. Data were analyzed through univariate and bivariate using the Wilcoxon test.

**Results:** The results showed the p-value = 0.0001, which means that breastfeeding video affects grandmothers' knowledge in breastfeeding support groups in Sembubuk village, Muaro Jambi District.

**Conclusion:** The results of this study are expected to increase public knowledge and insight regarding the importance of breastfeeding for infant health so that positive behavior is formed in breastfeeding, providing additional appropriate information to advance understanding of breastfeeding support groups about breastfeeding.

**Keywords:** Exclusive breastfeeding, health education, Knowledge, Video-based

## Introduction

Breast milk has been an optimal food source for babies due to its rich nutrients for growth and development [1–3]. The benefits of breast milk will be optimal if it is given regularly from birth with the correct breastfeeding position, breastfeeding at the baby's desire (on demand), and offered exclusively [4–6]. In Indonesia, exclusive breastfeeding for 6 (six) months has been stipulated in the Decree of the Minister of Health No. 450/Menkes/SK/IV/20042 [7].

The achievement target of exclusive breastfeeding in Indonesia is 75% [8], while globally, it is 70% [9]. Exclusive breastfeeding in ASIA countries is far from the achievement target [10]. Exclusive breastfeeding coverage for infants under 6 months is 15% in Thailand, 40% in China, Indonesia 42%, India 46%, Mongolia 66% [11]. Based on this percentage, Indonesia has the third position of lowest breastfeeding coverage compared to other ASIA countries [12]. The issue is related to the number of mothers who do not like exclusive breastfeeding, where almost 9 out of 10 mothers have breastfed [13]. Still, only 49.8% gave exclusive breastfeeding for six months [14,15]. The low coverage of exclusive breastfeeding impacts the quality of life of the next generation and the national economy [16–18]. The number of mothers who have breastfed in Indonesia is already high at 90%, but those who give exclusively for six months are still low (20%) [19,20]. The coverage of exclusive breastfeeding in 2018 in Jambi Province was 59.36%, while the target for the province was 61%. Merangin Regency is the only district with the highest achievement of exclusive breastfeeding with 88.75%. In comparison, the lowest is Tanjung Jabung Barat Regency at 30.91%, and Muaro Jambi Regency with the 3rd rank of 64.54% [21]. Penyengat Olak, one of the sub-districts in Muaro Jambi Regency, consists of 8 villages. Sembubuk village is the only village with the lowest breastfeeding coverage; based on the survey results, the number of infants aged 0-2 years old in Sembubuk was 71 people, and the number of infants 0-6 months was 40 people. The Penyengat Olak Health Center targets exclusive breastfeeding of 65% [22].

Infants, who get insufficient breastfed until the first six months of life, are at risk of developing

diarrhea [23,24]. Meanwhile, complementary foods such as formula milk also increase the risk of diarrhea, resulting in malnutrition because the nutritional content in formula milk is not sufficient to meet baby needs. Lack of breastfeeding causes babies to be malnourished [25,26]. Malnutrition will decrease the quality of human resources, such as failure of physical growth, mental and intellectual development, lowering productivity, increasing morbidity and mortality. Breast milk benefits both mother and fetus, and it also appears to reduce the chances of getting leukemia, lymphoma, diabetes, and asthma as the child grows older [27].

The success of exclusive breastfeeding is not only influenced by the mother's physical and mental readiness but is also influenced by support factors from both health workers and family [28]. Research by Nankuda et al. [29], in rural areas in Uganda proves that peer support in the form of visits and providing support can be more readily accepted in the breastfeeding mother community. Mothers feel happy to have a peer counselor who can help them with various problems during breastfeeding [30]. To improve and support the process of exclusive breastfeeding for mothers, forming a breastfeeding support group can be an option [31]. The Breast Milk Support Group is a forum for breastfeeding mothers to give and receive technical, moral, and emotional support by exchanging experiences and discussing maternal and child health, especially breastfeeding and nutrition [32]. Those are facilitated or guided by breast milk motivators. It is considered to cause behavioral changes in society. One of these behavioral changes can be seen in the mother's breastfeeding belief [33]. Beki and colleagues [7], in their study on the Effectiveness of Exclusive Breastfeeding Support Groups (EBSG) toward Exclusive Breastfeeding Behavior, found that the majority of the groups with exclusive EBSG support (86.4%) gave exclusive breastfeeding. In comparison, there is only a tiny part (31.8%) of exclusively breastfed in the leaflet group. The formation of breastfeeding support groups affects entire breastfeeding behavior (p-value 0.001).

The involvement of grandmothers who support breastfeeding is essential because grandmothers play a vital role in the family. Grandmothers can influence decisions in the family, whether the

mother should breastfeed a newborn baby or not. This condition is almost evenly spread throughout Indonesia [34,35]. Other research in the Ayeyarwaddy Region in Myanmar found that one of the primary barriers to exclusive breastfeeding was that mothers, husbands, and grandmothers believed exclusive breastfeeding was insufficient for babies and solid foods and water were necessary [36]. Supporting EBSG activities, a counseling program is needed to increase grandmother's knowledge about the importance of exclusive breastfeeding. Counseling is effective using a variety of media. It depends on the learning component, such as the use of media. Engaging media will provide confidence to accelerate affective and psychomotor cognitive changes [37]. One of the media in counseling is video. Video is a modern interactive medium by times (advancement of science and technology) because it can be seen and heard. Messages delivered are more efficient because moving images can communicate messages quickly and naturally [38].

Video media has advantages in providing good visualization to facilitate absorbing knowledge. Video is included in audio-visual media because it involves the sense of hearing and the importance of sight [38].

This study aims to determine the effect of video media on breastfeeding knowledge of breastfeeding support groups in Sembubuk Village, Muaro Jambi Regency.

## **Methods**

### **Trial design**

This study establishes a pre-experiment with the One Group Pretest-Posttest approach, aiming to determine the Effect of Video Media on Breastfeeding on Knowledge of Breastfeeding Supporting Grandmothers Group in Sembubuk Village, Muaro Jambi Regency.

## **Participants**

The population in this study were EBSG members totaling 40 people, selected randomly and consecutively according to our inclusion criteria. This study was conducted in June 2021.

## **Inclusion and Exclusion Criteria**

Grandmothers who live with nursing mothers, while grandmothers who do not understand Indonesian are excluded

## **Intervention**

The data was collected by filling out a questionnaire by the respondents. The intervention that will be carried out in this study is the provision of counseling using video media about breastfeeding. The research team made Breastfeeding videos are made. This video is 15 minutes long which contains the understanding of breastfeeding, the benefits of breastfeeding, the correct way to breastfeed, the recommended breastfeeding time, the duration of breastfeeding. video screening was held at the conference hall in Sembubuk Village, Muaro Jambi Regency

The knowledge questionnaire consists of 15 questions about breastfeeding. If the mother who supports breastfeeding is correct, she is given a score of 1, while if the answer is wrong, she is given a 0. The objective criteria for the variable are good and imperfect knowledge. Cut-off criteria are good and less, using a median value of 8. Good criteria, if the total answer score is 8-15, while the criteria are less if the total answer score is 1-7.

This questionnaire contains the definition of breastfeeding, benefits for mothers and babies; baby satisfied signs, the content of breast milk, the age of breastfeeding, breastfeeding manner, the actions after breastfed, when the baby is breastfed for the first time, the meaning of colostrum, the age of giving. Complementary feeding, grandmother's understanding of breastfeeding, frequency of breastfeeding in a day. The questionnaire used has been validated and declared valid and reliable.

Determine the validity of the questions by using the product-moment test. If the coefficient between each item and the total item is equal to or above 0.3, the item is declared valid. Still, if the correlation value is below 0.3, the item is declared invalid. While the correlation is 0.7, the item provides a sufficient level of reliability; otherwise, if the correlation value is below 0.7, the item is said to be less reliable—determination of reliable items using Spearman Rho test [39]. The instrument test was carried out on ten breastfeeding mothers with the results. From the 15 questions asked, two questions had a validity index value of  $<0.3$ , so they had to be corrected, and two questions correlated 0.7, so they had to be updated again.

Questionnaires were distributed to grandmothers in Sembubuk village, Muaro Jambi district, Indonesia. After the researcher carried out data collection, the researcher then compiled the data, processed and analyzed the data. Female researcher aged 35-50 years with qualified health research experience.

### **Outcomes**

The research outcome is in the form of information about the influence of video media on the knowledge of breastfeeding mothers

### **Sample size**

This study involved 40 participants, namely grandmothers who support breastfeeding, where these grandmothers will be given education in the form of breastfeeding videos and then evaluate the knowledge of the grandmothers.

### **Ethical Consideration**

No economic incentives were offered or provided for participation in this study. The study was performed in accordance with the ethical considerations of the Helsinki Declaration. This study

obtained ethical feasibility under the Health Research Ethics Commission of the Ministry of Health, Jambi, and registration number: LB.03.02./3.5/140/2021.

### Statistical analysis

Data are presented as numbers and percentages for categorical variables. Continuous data were expressed as mean  $\pm$  standard deviation (SD) or median with Interquartile Range (IQR). Then proceed with bivariate analysis using the Wilcoxon test. The Wilcoxon test was used to determine the effect of counseling using breastfeeding video on the knowledge of breast milk supportive groups. All tests with p-value (p)<0.05 were considered significant. Statistical analysis was performed using the SPSS version 16.0 application.

### Results

The characteristics of respondents in this study include age, education level, and occupation. The following is the frequency distribution of the respondents' characteristics in this study:

Characteristics	Number	Percentage(%)
<b>Age (Years)</b>		
36-45	17	42.5
46-55	18	45
56-65	5	12.5
<b>Level of Education</b>		
Elementary	15	37.5
Junior School	11	27.5
High School	14	35
<b>Employment</b>		
Merchant	5	12.5
Housewives	18	45.0
Civil servant/Army/police	6	15.0
Entrepreneur	11	27.5

**Table 1.** *Frequency Distribution of Respondents Characteristics*



In Table 1 it is known that most of the respondents with an age range of 46-55 years are 18 respondents (45%), and there are no respondents aged <25 years. most of the respondents with elementary education are 15 respondents (37.5%). Most types of work are housewives as many as 18 respondents (45.0). Knowledge of breastfeeding support groups before and after being given an intervention using video media about breastfeeding underwent univariate analysis.

Knowledge about breastfeeding	N	Pre test N(%)	Post test n(%)
Good	40	19 (47.5)	40 (100)
Poor	40	21 (52.5%)	0 (0.0)

**Table 2.** *Distribution of Knowledge Frequency of Breastfeeding Support Groups Before and after Video Media About Breastfeeding*

Table 2 shows that of the 40 respondents who knew the breastfeeding grandmother group before being given video media about breastfeeding, 19 respondents (47.5%) had good knowledge, and 21 respondents (52.5%) had poor knowledge. Then it changed after counseling using video media, namely 40 respondents (100%) had good knowledge.

The effect of breastfeeding counseling using video media on the knowledge of the grandmothers of the support group can be seen in the following table:

Counseling intervention Video-based	N	Mean±SD	Median (IRQ)	pre test vs. post test p-value
pre test	40	11.25±2.01	10.5 (10 - 10.5)	0.0001
post test	40	14.05±0.78	14 (14.5 - 14)	

**Table 3.** *The Effect of Video Breastfeeding on Knowledge of Breastfeeding Supporting Group*

Table 3 shows an increase between before and after being given video media about breastfeeding with statistical test results obtained p-value = 0.0001 <0.05. This statistical test indicates an effect

of video media on breastfeeding on the knowledge of the breastfeeding support grandmother group in Sembubuk village, Muaro Jambi District.

## **Discussion**

The description of the knowledge of the breastfeeding grandmother group before (pre-test) the video-based intervention was rated at a minimum of 5, and the maximum value of the ability of the breastfeeding support grandmother group before being given video-based intervention was 15. The average value of the knowledge value of the breastfeeding support grandmother group before being given an intervention using media the video is 11.25.

The current study revealed respondents knowledge which appears inadequate regarding breastfeeding. Respondents indicated some of their ignorance about the economic benefits of breastfeeding for mother and baby, baby signs of enough breast milk, the nutrients in breast milk, exclusive breastfeeding time, breastfeeding manner, activities after breastfeeding, the right time to provide breast milk, breast milk for the first time, Breastfeeding in infants, the role of colostrum, timing of additional food and drink, sources of information, and frequency of breastfeeding in a day. The description of support groups' breastfeeding knowledge in Sembubuk Village after (post-test) intervention reaches a minimum score of 13, a maximum value of 15 and a median value of 14.00. After being given a video-based intervention, nearly all of the questions can be answered by respondents. It shows an increase in the knowledge of the breastfeeding support grandmother group. The questionnaire correctly answers statements about the nutritional contained in breast milk, such as carbohydrates, proteins, fats, minerals and vitamins. The following information is regarding the correct way of breastfeeding. Washing hands, cleaning the mother's breasts, removing a little milk and then smearing it on the nipple and the surrounding areola, inserting the nipple and making sure the baby sucks the entire dark area of the breast and not just the nipple. The following statement is

about when a baby should be given his first breast milk immediately after birth or a maximum of 1 hour after birth. The results are in line with the previous study [7] regarding the Effectiveness of Exclusive Breastfeeding Support Groups on Exclusive Breastfeeding Behavior, where the group with exclusive Breast Milk Support mainly (86.4%) gave exclusive breastfeeding, while the group with leaflet intervention only a tiny proportion (31.8%) of exclusively breastfeeding. The formation of breastfeeding support groups affects exclusive-breastfeeding behavior (p-value 0.001).

Another study by Fatiyani & Ani [40] regarding the Formation and Implementation of Breastfeeding Support Groups in the Work Area of the Rejosari Health Center, Tenayan Raya Pekanbaru, in 2019 found the formation of a Breastfeeding Support Group (BSG) "Bintang with Sirih Adat." Increase knowledge of Exclusive Breastfeeding Support Groups mothers on Early Breastfeeding Initiation (IMD) material from an average of 60 to 80. Knowledge of Exclusive Breastfeeding Support Groups mothers on breastfeeding material from an average of 70 to 90.4. The provision of Exclusive Breastfeeding Support Groups mothers' skills in providing IEC was 83.75.

The BSG in Penyengat Olak is the Breastfeeding Supporting Grandmother Group (BSGG), an association or community whose members consist of grandmothers who work in breastfeeding support groups. This group of grandmothers who support breastfeeding is followed by prospective grandmothers/grandmothers aged 34-65 years, established in 2019. The activity was carried out at the Penyengat Olak Health Center with several briefings and providing materials using leaflet media by a team of health workers about the importance of exclusive breastfeeding during breastfeeding. Six months, and continued breastfeeding for up to 2 years.

BSGG can assist in counseling activities and increase the coverage of exclusive breastfeeding in Sembubuk village, Muaro Jambi District. The reason for choosing grandmothers as a supporter of breastfeeding is related to the role of parents. Both in-laws and grandmothers significantly influence exclusive breastfeeding, such as the recommendation to give complementary foods (MPASI) too early, usually because the baby is fussy even though he has been given breast milk or formula milk.

In addition, a grandmother is a person who is more experienced in taking care of babies because grandmothers already have this experience so that they can be an example or role model for young mothers. Although mothers know that giving MP-ASI too early can interfere with the baby's health, they think that parents, whether in-laws or grandmothers, are considered to learn better ways to take care of children because they are deemed to have experience and understand better in taking care of children [41].

### **Conclusion**

There is an increase in BSGG knowledge after being given video-based counselling, with statistical test results obtained  $p\text{-value} = 0.0001$ , which means that video media's effect on breastfeeding on BSG knowledge in Sembubuk village Muaro Jambi District.

This intervention can be used as an effort to improve the quality of health services and health promotion as well as add information and insight for health workers at the Penyengat Olak Health Center, especially in Sembubuk Village, where breastfeeding coverage is the lowest in the work area of the Penyengat Olak Health Center of 7 other villages.

### **Limitations of Study**

The limitations of this study include the very limited number of samples and the research only involves one province in Indonesia.

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**Competing interests statement**

There are no competing interests for this study.

## References

1. Kusnan A, Binekada IMC, Usman AN. The proxy determinant of complementary feeding of the breastfed child delivery in less than 6 months old infant in the fishing community of Buton tribe. *Enfermeria clinica*. 2020;30:544–7.
2. Ku C, Chow SKY. Factors influencing the practice of exclusive breastfeeding among Hong Kong Chinese women: a questionnaire survey. *Journal of clinical nursing*. 2010;19(17-18):2434–45.
3. Kridis WB, Mnif A, Khmiri S, Toumi N, ... Self-medication with herbal medicine and breast cancer survival: a prospective monocentric study. *Journal of Cancer ...* [Internet]. 2021; Available from: <https://link.springer.com/article/10.1007/s00432-021-03600-y>
4. Arsin AA, Sirajuddin S, Syafar M. The effect of education lactation on breastfeeding behavior infant 0-6 months in Kendari Indonesia. *Public Health of Indonesia*. 2016;2(2):100–11.
5. Tan KL. Factors associated with exclusive breastfeeding among infants under six months of age in peninsular Malaysia. *International breastfeeding journal*. 2011;6(1):1–7.
6. La Aga, Erwin AL. Cakupan dan Determinan Pemberian ASI Eksklusif di Pemukiman Kumuh Dalam Perkotaan di Kecamatan Tallo Kota Makassar. *Majalah Kesehatan FKUB*. 2019;6(1):44–55.
7. Yuniyanti B. Efektivitas Kelompok Pendukung ASI (KP-ASI) Eksklusif terhadap Perilaku Pemberian ASI Eksklusif. *Jurnal Ilmiah Bidan*. 2017;2(1):48–54.
8. Kemenkes Republik Indonesia. *Profil Kesehatan Indonesia tahun 2020*. Pusdatin. Jakarta; 2020.
9. World Health Organization. *Global Breastfeeding Scorecard, 2019* [Internet]. 11 Februari 2021. 2020. p. 4. Available from: <https://apps.who.int/iris/bitstream/handle/10665/326049/WHO-NMH-NHD-19.22-eng.pdf>

10. Danso J. Examining the practice of exclusive breastfeeding among professional working mothers in Kumasi metropolis of Ghana. *International journal of nursing*. 2014;1(1):11–24.
11. Oktavianto E, Setyaningrum H, Timiyatun E. Dukungan Nenek Berhubungan Erat Dengan Keberhasilan ASI Eksklusif. *Surya Medika: Jurnal Ilmiah Ilmu Keperawatan Dan Ilmu Kesehatan Masyarakat*. 2018;13(2).
12. Aryeetey R, Dykes F. Global implications of the new WHO and UNICEF implementation guidance on the revised Baby-Friendly Hospital Initiative. *Maternal & child nutrition*. 2018;14(3):e12637.
13. Kementerian Kesehatan RI. Laporan Riskesdas 2018. Laporan Nasional Riskesdas 2018. 2018;
14. Aoyagi S-S, Tsuchiya KJ. Does maternal postpartum depression affect children’s developmental outcomes? *Journal of Obstetrics and Gynaecology Research* [Internet]. 2019 Sep 18;45(9):1809–20. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/jog.14064>
15. Emerson JA, Tol W, Caulfield LE, Doocy S. Maternal Psychological Distress and Perceived Impact on Child Feeding Practices in South Kivu, DR Congo. *Food and Nutrition Bulletin* [Internet]. 2017 Jun 19;38(3):319–37. Available from: <https://doi.org/10.1177/0379572117714385>
16. Jacobson SW, Chiodo LM, Jacobson JL. Breastfeeding effects on intelligence quotient in 4- and 11-year-old children. *Pediatrics*. 1999;103(5):e71–e71.
17. Fonseca ALM, Albernaz EP, Kaufmann CC, Neves IH, de Figueiredo VLM. Impact of breastfeeding on the intelligence quotient of eight-year-old children. *Jornal de Pediatria (Versão em Português)*. 2013;89(4):346–53.
18. Bernard JY, Armand M, Peyre H, Garcia C, Forhan A, De Agostini M, et al. Breastfeeding, polyunsaturated fatty acid levels in colostrum and child intelligence quotient at age 5-6 years.

- The Journal of Pediatrics. 2017;183:43–50.
19. Widyastutik O, Nursya D. Kelompok Nenek ASI sebagai Empowerment Kader ASI di Kelurahan Mariana Pontianak. BULETIN AL-RIBAATH. 2019;15(2):30–5.
  20. Mulyadi. Faktor-Faktor yang Berhubungan dengan Pemberian ASI Eksklusif Pada Keluarga Miskin di Puskesmas Tebas Kecamatan Tebas Kabupaten Sambas. Skripsi thesis, Fakultas Ilmu Kesehatan. Universitas Muhammadiyah Pontianak; 2014.
  21. Department of Health Jambi Province. Profile Health Department of Health Jambi Province [Internet]. Jambi, Indonesia; 2018. Available from: [http://dinkes.jambiprov.go.id/file/informasi\\_publik/MTYxNTE2NDQyOA\\_Wkt1615164428\\_XtLnBkZg.pdf](http://dinkes.jambiprov.go.id/file/informasi_publik/MTYxNTE2NDQyOA_Wkt1615164428_XtLnBkZg.pdf)
  22. Penyengat Olak Health Center. Health Profil of Penyengat Olak Health Center [Internet]. Jambi, Indonesia; 2020. Available from: <https://pkmpenyengatolak.muarojambikab.go.id/>
  23. Lamberti LM, Walker CLF, Noiman A, Victora C, Black RE. Breastfeeding and the risk for diarrhea morbidity and mortality. BMC public health. 2011;11(3):1–12.
  24. Hanieh S, Ha TT, Simpson JA, Thuy TT, Khuong NC, Thoang DD, et al. Exclusive breast feeding in early infancy reduces the risk of inpatient admission for diarrhea and suspected pneumonia in rural Vietnam: a prospective cohort study. BMC Public Health. 2015;15(1):1–10.
  25. Martin CR, Ling P-R, Blackburn GL. Review of infant feeding: key features of breast milk and infant formula. Nutrients. 2016;8(5):279.
  26. Raheem RA, Binns CW, Chih HJ. Protective effects of breastfeeding against acute respiratory tract infections and diarrhoea: Findings of a cohort study. Journal of paediatrics and child health. 2017;53(3):271–6.
  27. Nadeem J, Nadeem A, Sarwar MH, Sarwar M. Breastfeeding Benefit from Mom Gives the Gift of a Lifetime to the Baby for Healthy Future. American Journal of Food Science and



- Health. 2017;3(5):95–101.
28. Mulyani S, Subiyanto AA, Anantanyu S, Respati SH, Wiboworini B. Motivation as Mediator between Family Support to the Readiness of Pregnant Woman in Exclusive Breastfeeding. *International Journal of Public Health*. 2017;6(2):197–202.
  29. Nankunda J, Tumwine JK, Nankabirwa V, Tylleskär T. “ She would sit with me”’: mothers’ experiences of individual peer support for exclusive breastfeeding in Uganda. *International breastfeeding journal*. 2010;5(1):1–13.
  30. Wati NH, Muniroh L. Pengaruh Kelompok Pendukung Air Susu Ibu (KP-ASI) Terhadap Perilaku Pemberian ASI Eksklusif dan Status Gizi Bayi 6-12 Bulan. *Media Gizi Indonesia*. 2018;13(1):33–40.
  31. Fitriani F, Syahputri VN. Pembentukan KP-ASI (Kelompok Pendukung ASI) Dalam Mewujudkan Kadarsie (Keluarga Sadar ASI Eksklusif) Di Wilayah Kerja Puskesmas Meurebo Kabupaten Aceh Barat. *LOGISTA-Jurnal Ilmiah Pengabdian kepada Masyarakat*. 2019;3(1):9–16.
  32. Abeng AT, Hardiyanti L. Pengaruh Kelompok Pendukung ASI (KP-ASI) Terhadap Self Efficacy Ibu Menyusui di Desa Borong Pa’lala Kabupaten Gowa. *Bina Generasi: Jurnal Kesehatan*. 2020;12(1):42–8.
  33. Karuniawati N, Masnilawati A, Saputri LH. Pengaruh Niat Ibu, Kondisi Masa Nifas, Kelancaran Produksi ASI terhadap Keputusan untuk Menyusui. *Window of Midwifery Journal*. 2020;1–13.
  34. Amalia D, Hardiani RS, Sulistyorini L. Perbedaan Dukungan Nenek dalam Keluarga Extended Family pada Pemberian ASI Eksklusif dan Tidak Eksklusif di Wilayah Kerja Puskesmas Arjasa Kabupaten Jember (The Differences of Grandmother Support in Extended Family on Exclusive and Non-Exclusive Breastfee. *Pustaka Kesehatan*. 2018;6(1):153–60.
  35. Nugroho R, Waryana W, Aritonang I. Peran Nenek dalam Peningkatan Cakupan ASI

- Eksklusif di Desa Bangunjiwo Kasihan Bantul. *JURNAL NUTRISIA*. 2017;19(1):68–78.
36. Thet MM, Khaing EE, Diamond-Smith N, Sudhinaraset M, Oo S, Aung T. Barriers to exclusive breastfeeding in the Ayeyarwaddy Region in Myanmar: Qualitative findings from mothers, grandmothers, and husbands. *Appetite*. 2016;96:62–9.
  37. Kapti RE, Rustina Y, Widyatuti W. Efektifitas audiovisual sebagai media penyuluhan kesehatan terhadap peningkatan pengetahuan dan sikap ibu dalam tatalaksana balita dengan diare di dua rumah sakit kota Malang. *Jurnal Ilmu Keperawatan: Journal of Nursing Science*. 2013;1(1):53–60.
  38. Imran FA, Hasnah H. Pengaruh Penyuluhan Kesehatan Melalui Media Video Terhadap Peningkatan Pengetahuan Remaja Putri Tentang Dampak Abortus Provokatus Kriminalis Di Kelas X SMAN 2 Gowa. *Jurnal Kesehatan*. 2020;10(2):61–7.
  39. Sugiyono. *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. Bandung: Alfabeta; 2017.
  40. Alyensi F. Pembentukan dan Pelaksanaan Kelompok Pendukung ASI (KP ASI) di RW 2 Kelurahan Sialang Sakti Wilayah Kerja PUSKESMAS Rejosari Kecamatan Tenayan Raya Pekanbaru Tahun 2019. *Dinamisia: Jurnal Pengabdian Kepada Masyarakat*. 2019;3(2):299–304.
  41. Suryati, Sari, Oktavianto E. Praktek Pemberian Makanan Pendamping ASI Dini Ditinjau dari Peran Nenek. *Jurnal Kesehatan Global*. 2020;12(4; Desember 2020):757–66.