Indonesian Journal of Global Health Research
Volume 7 Number 5, October 2025
e-ISSN 2715-1972; p-ISSN 2714-9749
http://jurnal.globalhealthsciencegroup.com/index.php/IJGHR

DIGITAL FAMILY ASSISTANCE & MENTORING (DFAM) TO ENHANCE EXCLUSIVE BREASTFEEDING PRACTICES AMONG YOUNG MOTHERS FOR STUNTING PREVENTION

Lintje Sintje Corputty[1], Wildia Nanlohy[2], Nova Bugis[2], Siti Nurhidayati[2], Abdul Thalib[1]*
[1]Nursing Departement, Sekolah Tinggi Ilmu Kesehatan Pasapua Ambon, JL. Petra, Kel Wainitu, Nusaniwe, Ambon, Maluku 97117, Indonesia
[2]Midwifery Departement, Sekolah Tinggi Ilmu Kesehatan Pasapua Ambon, JL. Petra, Kel Wainitu, Nusaniwe, Ambon, Maluku 97117, Indonesia
*abdulthalibhamzah@gmail.com

ABSTRACT
Stunting remains a major public health problem in Indonesia, partly driven by low exclusive breastfeeding rates and limited family support. Digital Family Assistance & Mentoring (DFAM) was developed as a family-centered digital intervention to support exclusive breastfeeding as a stunting prevention strategy.This study aimed to examine the effectiveness of DFAM in improving knowledge, attitudes, exclusive breastfeeding practices, and family support among breastfeeding mothers. This quasi-experimental study used a pretest–posttest control group design and was conducted in Dobo, Aru Islands. A total of 70 breastfeeding mothers with infants aged 0–6 months were selected using purposive sampling and divided into an intervention group (n=35) and a control group (n=35). The intervention group received DFAM, while the control group received standard breastfeeding education. Data were collected using structured questionnaires. Instrument validity was tested using Pearson correlation and reliability using Cronbach's alpha, with all instruments meeting acceptable criteria. Data were analyzed using the Wilcoxon Signed-Rank test ($p < 0.05$). Significant improvements were observed in the intervention group for attitudes ($p = 0.040$), exclusive breastfeeding practices ($p = 0.002$), and family support ($p = 0.024$), while knowledge improvement was not statistically significant ($p = 0.120$). The control group also showed significant improvements ($p = 0.001$), but with lower behavioral impact. DFAM is effective in improving exclusive breastfeeding practices by strengthening maternal attitudes and family support, indicating its potential as a digital, family-based strategy for stunting prevention.

Keywords: digital family assistance & mentoring; exclusive breastfeeding; family support; stunting prevention; young mothers

How to cite (in APA style)
Corputty, L. S., Nanlohy, W., Bugis, N., Nurhidayati, S., & Thalib, A. (2025). Digital Family Assistance & Mentoring (DFAM) to Enhance Exclusive Breastfeeding Practices among Young Mothers or Stunting Prevention". Indonesian Journal of Global Health Research, 7(5), 1207-1214. https://doi.org/10.37287/ijghr.v7i5.7502.

INTRODUCTION

Stunting remains a major public health challenge in Indonesia, with a prevalence of 24.4% in 2021, which declined to 21.6% in 2022 and further decreased to 17.8% in 2023. However, the national target of 14% by 2024 has not yet been achieved (Directorate General of Regional Development, 2024). One of the main contributing factors to the high prevalence of stunting is the low rate of exclusive breastfeeding (Permatasari et al., 2024). Exclusive breastfeeding during the first six months of life has been shown to reduce the risk of stunting, enhance immune function, and support optimal infant growth and development (Giang et al., 2023).

One of the underlying causes of low exclusive breastfeeding rates is the high prevalence of early marriage, particularly in eastern Indonesia, such as the Aru Islands in Maluku Province, where 31.11% of marriages occur at a young age (Nanlohy et al., 2021). Young mothers often lack sufficient experience in infant care, including exclusive breastfeeding practices. In addition, limited family support—especially from husbands (Mardiyaningsih et al., 2024), parents, and parents-in-law (Budiati & Setyowati, 2019)—further influences mothers' ability to successfully practice exclusive breastfeeding.

In the digital era, young mothers are generally exposed to technology through smartphones and social media. Nevertheless, access to accurate and educational information on exclusive breastfeeding remains limited. Although platforms such as WhatsApp and social media have been used as educational tools, they are often insufficient to provide structured and sustained mentoring (Fan et al., 2022; Wibowo et al., 2025). Therefore, a more comprehensive approach is required to improve knowledge and strengthen support systems, particularly for young mothers.

As a response to this gap, this study proposes Digital Family Assistance & Mentoring (DFAM), a digital-based approach designed to deliver structured education, interactive mentoring, and active family involvement in supporting breastfeeding mothers. Beyond simple information dissemination, DFAM incorporates educational videos, mentoring sessions with healthcare professionals or experienced mothers, and family engagement to provide both moral and practical support. This approach is expected to serve as an innovative solution that not only improves exclusive breastfeeding practices but also contributes to stunting prevention efforts in Indonesia.

The uniqueness of DFAM lies in its integration of digital technology with a family-centered mentoring concept, an approach that has rarely been implemented in previous interventions. DFAM has the potential to become a scalable intervention model that can be adopted within maternal and child health policies, particularly in primary healthcare settings such as community health centers. Through a systematic and technology-based approach, DFAM is expected to significantly improve exclusive breastfeeding practices among young mothers, thereby contributing to a long-term reduction in stunting prevalence. Based on this background, the research question addressed in this study is: How effective is Digital Family Assistance & Mentoring in improving exclusive breastfeeding practices among young mothers?.

METHOD

This study employed a quasi-experimental design with a pretest–posttest control group approach (Peat & Barton, 2005) to evaluate the effectiveness of Digital Family Assistance & Mentoring (DFAM) in improving exclusive breastfeeding practices as a strategy for stunting prevention. The study was conducted in Dobo, Aru Islands, Indonesia, with an intervention period of one month. The study population consisted of breastfeeding mothers with infants aged 0–6 months, and a total sample of 70 participants was determined using Slovin's formula with a 5% margin of error, comprising 35 participants in the intervention group and 35 in the control group. Participants were selected using a purposive sampling technique based on predefined inclusion and exclusion criteria. The final sample size was adjusted based on the availability of eligible participants during the study period. Inclusion criteria included breastfeeding mothers residing in the study area, willingness to participate, access to a smartphone (intervention group), and absence of medical conditions that contraindicate exclusive breastfeeding. Exclusion criteria included refusal to complete the study protocol, infants with congenital abnormalities that interfere with breastfeeding, maternal medical conditions requiring contraindicated treatments for breastfeeding, and plans to relocate from the study area.

Data were collected using structured questionnaires assessing knowledge, attitudes, and exclusive breastfeeding practices (Peat & Barton, 2005). Instrument validity was assessed using Pearson product–moment correlation, and all items demonstrated correlation coefficients exceeding the minimum acceptable threshold. Instrument reliability was evaluated using Cronbach's alpha, with all variables showing satisfactory internal consistency ($\alpha > 0.70$). Data collection was conducted in three stages: pretest, intervention, and posttest. The intervention group received mentoring through Digital Family Assistance & Mentoring (DFAM), while the control group received standard breastfeeding education. Posttest assessments were conducted after one month of intervention. Quantitative data analysis was performed using the Wilcoxon Signed-Rank test, with statistical significance set at $p < 0.05$. Ethical approval was obtained prior to the study, and all participants provided informed consent before participation.

RESULT

Table 1.
Characteristics of Research Respondents (n = 70)

Characteristics	Intervention Group (n=35)	Control Group (n=35)	Total (n=70)
Mother's Age (years)			
< 20	7 (20%)	7 (20%)	14 (20%)
20 – 25	14 (40%)	14 (40%)	28 (40%)
> 25	14 (40%)	14 (40%)	28 (40%)
Education			
Junior High School	7 (20%)	7 (20%)	14 (20%)
High School	15 (42.9%)	15 (42.9%)	30 (42.9%)
College	13 (37.1%)	13 (37.1%)	26 (37.1%)
Occupation			
Housewife	18 (51.4%)	18 (51.4%)	36 (51.4%)
Self-Employed	9 (25.7%)	9 (25.7%)	18 (25.7%)
Employee	8 (22.9%)	8 (22.9%)	16 (22.9%)
Infant's Age (months)			
0 – 2	10 (28.6%)	10 (28.6%)	20 (28.6%)
3 – 4	14 (40%)	14 (40%)	28 (40%)
5 – 6	11 (31.4%)	11 (31.4%)	22 (31.4%)
Smartphone Ownership			
Yes	35 (100%)	35 (100%)	70 (100%)

Table 1 shows that the characteristics of respondents in the intervention and control groups were comparable and evenly distributed. The majority of mothers were aged 20–25 years and over 25 years, each accounting for 40% of the sample, while 20% were younger than 20 years. In terms of educational attainment, most respondents had completed senior high school (42.9%), followed by higher education (37.1%) and junior high school (20%). Regarding employment status, more than half of the respondents were housewives (51.4%), while the remainder were self-employed (25.7%) or employed as salaried workers (22.9%). Infant age distribution indicated that most infants were aged 3–4 months (40%), followed by 5–6 months (31.4%) and 0–2 months (28.6%). All respondents in both groups (100%) owned a smartphone. The similarity in the distribution of baseline characteristics between the intervention and control groups indicates that the groups were comparable, thereby minimizing potential bias due to baseline differences and supporting the internal validity of the study.

Table 2.
Knowledge, attitudes, behaviors and family support about Exclusive Breastfeeding in the Control group (n=35)

Variables	Mean	Std. Deviation	Min	Max	Mean Difference	P value
Knowledge about Exclusive Breastfeeding						
Pre	5.20	0.90	4	5	1.46	0,001*
Post	6.66	0.94	5	9		
Attitudes Toward Exclusive Breastfeeding						
Pre	5.43	0.78	4	7	0.88	0,001*
Post	6.31	0.76	4	7		
Exclusive Breastfeeding Behavior						
Pre	5.46	0.74	5	7	1.00	0,001*
Post	6.46	0.82	5	8		
Family Support						
Pre	6.26	0.78	5	8	1.51	0,001*
Post	7.77	0.69	7	9		

*Wilcoxon test

Table 2 shows an increase in the mean scores of knowledge, attitudes, exclusive breastfeeding practices, and family support in the control group after the post-test compared with the pre-test. Knowledge of exclusive breastfeeding increased from a mean score of 5.20 to 6.66, with a mean difference of 1.46. Attitudes toward exclusive breastfeeding also improved, rising from a mean of 5.43 to 6.31, yielding a mean difference of 0.88. In addition, exclusive breastfeeding practices increased from a mean of 5.46 at pre-test to 6.46 at post-test, with a mean difference of 1.00. Family support demonstrated the largest improvement, increasing from a mean score of 6.26 to 7.77, with a mean difference of 1.51. The Wilcoxon Signed-Rank test yielded p-

values of 0.001 ($p < 0.05$) for all variables, indicating statistically significant differences between pre-test and post-test measurements in the control group. These findings indicate that improvements occurred across all measured variables even in the absence of a specific intervention, suggesting the influence of standard education and natural exposure to breastfeeding-related information during the study period.

Table 3.
Knowledge, attitudes, behaviors and family support about Exclusive Breastfeeding in the Intervention group (n=35)

Variabel	Mean	Std. Deviation	Min	Max	Mean Difference	P value
Knowledge about Exclusive Breastfeeding						
Pre	6.09	0.92	4	8	0.34	0,120*
Post	6.43	1.01	5	8		
Attitudes Toward Exclusive Breastfeeding						
Pre	5.63	1.06	4	8	0.63	0,040*
Post	6.26	1.29	5	9		
Exclusive Breastfeeding Behavior						
Pre	5.77	0.88	4	8	0.77	0,002*
Post	6.54	1.08	5	8		
Family Support						
Pre	6.26	0.82	5	8	0.40	0,024*
Post	6.66	1.03	5	8		

*Wilcoxon test

Table 3 presents the changes in mean scores of knowledge, attitudes, exclusive breastfeeding practices, and family support in the intervention group between the pre-test and post-test measurements. Knowledge of exclusive breastfeeding increased from a mean score of 6.09 to 6.43, with a mean difference of 0.34; however, the Wilcoxon test indicated that this increase was not statistically significant ($p = 0.120$, $p > 0.05$). Attitudes toward exclusive breastfeeding increased from a mean of 5.63 to 6.26, with a mean difference of 0.63, showing a statistically significant improvement ($p = 0.040$). Exclusive breastfeeding practices also demonstrated a significant increase, rising from a mean of 5.77 at pre-test to 6.54 at post-test, with a mean difference of 0.77 ($p = 0.002$). In addition, family support improved from a mean score of 6.26 to 6.66, yielding a mean difference of 0.40, and this change was statistically significant ($p = 0.024$). Overall, these findings indicate that the intervention positively influenced maternal attitudes, exclusive breastfeeding practices, and family support, although the improvement in knowledge did not reach statistical significance

DISCUSSION

Dynamics of Changes in Knowledge on Exclusive Breastfeeding

The study findings revealed distinct patterns of change in exclusive breastfeeding knowledge between the control and intervention groups. In the control group, a statistically significant increase in knowledge was observed at post-test compared to pre-test. In contrast, although the intervention group demonstrated an increase in mean knowledge scores following the implementation of Digital Family Assistance & Mentoring (DFAM), this improvement did not reach statistical significance. These findings suggest that increases in knowledge do not always directly correspond to the intensity of an intervention, particularly when baseline knowledge levels are already relatively high. The significant improvement in knowledge observed in the control group may be explained by the natural learning process, which refers to gradual and unstructured learning through daily exposure to information (Rashid & Hamid, 2018). Mothers in the control group continued to receive standard education from healthcare providers and were exposed to information about exclusive breastfeeding through personal experiences, social environments, and digital media such as social networking platforms and instant messaging applications. This process allows for the natural accumulation of knowledge even in the absence of a structured intervention.

Meanwhile, the lack of statistically significant knowledge improvement in the intervention group can be explained by the ceiling effect, which occurs when participants' baseline scores are already close to the maximum limit of the measurement instrument, thereby limiting the potential for further score increases (Polit & Beck, 2017). In this study, mothers in the intervention group had relatively higher baseline knowledge levels, which reduced the measurable impact of additional educational input delivered through DFAM. Furthermore, adult learning theory suggests that adults are more responsive to learning approaches that are practical and contextual rather than those

focused solely on factual knowledge acquisition (Mukhalalati & Taylor, 2019). DFAM, which emphasizes mentoring and problem-solving in real breastfeeding situations, therefore exerts a stronger influence on attitudes and behaviors than on cognitive knowledge. This finding is consistent with previous studies indicating that digital interventions are more effective in improving attitudes, self-efficacy, and behavioral adherence than knowledge alone (Pratiwi et al., 2023). Overall, these findings suggest that adequate knowledge is a necessary prerequisite but insufficient on its own to ensure successful exclusive breastfeeding practices. DFAM functions primarily not as a knowledge-enhancement tool but as a reinforcement mechanism that bridges the gap between knowledge and practice. Through continuous mentoring, emotional support, and family involvement, DFAM supports mothers in translating existing knowledge into consistent and sustained exclusive breastfeeding behaviors.

The Effect of Digital Family Assistance & Mentoring (DFAM) on Maternal Attitudes toward Exclusive Breastfeeding

The results demonstrated a statistically significant improvement in maternal attitudes toward exclusive breastfeeding in the intervention group following the implementation of DFAM. This improvement was more pronounced than that observed in the control group, which exhibited more limited attitudinal changes. These findings indicate that DFAM plays a critical role in fostering positive attitudes among young mothers toward exclusive breastfeeding. According to the Theory of Planned Behavior (TPB), attitudes are a key determinant influencing behavioral intention and subsequent behavior (Bosnjak et al., 2020). Positive attitudes develop when individuals perceive a behavior as beneficial and aligned with their values and beliefs. In the context of breastfeeding, mothers who view exclusive breastfeeding as beneficial, safe, and valuable for their infants are more likely to develop strong intentions to practice it consistently.

DFAM is designed not merely as an information-delivery platform but as a medium for reflective and emotional learning. Through educational videos, shared experiences from other mothers, and interactive mentoring sessions, participants gain realistic insights into the benefits of exclusive breastfeeding and strategies for overcoming breastfeeding challenges. This approach aligns with social learning theory, which posits that attitudes are shaped through observation, modeling, and social reinforcement (Egele et al., 2025; Heydari et al., 2014). Observing relatable role models and receiving immediate feedback facilitates the internalization of positive values related to exclusive breastfeeding. Interventions that combine audiovisual education with personalized mentoring have been shown to be more effective in influencing affective components than conventional educational approaches (Monteiro Grilo et al., 2022). Emotional engagement and empathy play a particularly important role in attitude formation among young mothers who are still adapting to their parental roles. Thus, DFAM effectively strengthens young mothers' beliefs regarding the benefits of exclusive breastfeeding through value internalization and emotional reinforcement. The formation of positive attitudes not only increases acceptance of breastfeeding practices but also reinforces commitment to exclusive breastfeeding as the primary nutritional choice for infants. Consequently, attitudinal change serves as a critical foundation linking knowledge and behavior in the success of DFAM.

Changes in Exclusive Breastfeeding Behavior as the Primary Impact of the Intervention

The findings showed a statistically significant improvement in exclusive breastfeeding behavior in the intervention group following the implementation of DFAM. The mean increase in behavioral scores was greater in the intervention group than in the control group, indicating that DFAM exerted a stronger influence on actual breastfeeding practices. These results confirm that DFAM affects not only cognitive and affective domains but is particularly effective in promoting tangible behavioral change. According to the PRECEDE–PROCEED model, health behavior change is influenced by predisposing factors (knowledge and attitudes), enabling factors (social support and access to resources), and reinforcing factors that sustain behavior over time (Kim et al., 2022). In this study, DFAM functioned as a comprehensive intervention integrating all three components. Maternal

knowledge and attitudes were strengthened through digital education, while family support and mentoring served as enabling and reinforcing factors that promoted consistent breastfeeding behavior.

In addition, the Digital Health Intervention framework proposed by the World Health Organization emphasizes that digital health interventions are most effective when combined with personal interaction, continuous feedback, and behavioral monitoring (WHO, 2019). DFAM adopts these principles by providing digital mentoring that enables mothers to receive practical solutions to breastfeeding challenges, such as latch difficulties, perceived insufficient milk supply, and social pressure to introduce formula feeding. The mentoring component of DFAM is also consistent with Bandura's self-efficacy theory (1986), which emphasizes that individuals' confidence in their ability to perform a behavior strongly determines behavioral success. Through direct guidance and emotional support, DFAM enhances maternal self-efficacy in exclusive breastfeeding, enabling mothers to maintain consistent breastfeeding practices. Technology-based breastfeeding support programs involving healthcare professionals and family members have been shown to significantly improve exclusive breastfeeding outcomes, particularly among young and primiparous mothers (Fallah-Karimi et al., 2025). DFAM serves as an effective facilitator in reducing practical and psychological barriers commonly faced by young mothers, such as low self-confidence, family pressure, and misconceptions about breastfeeding. By providing continuous, responsive, and family-based mentoring, DFAM promotes sustained behavioral change in exclusive breastfeeding practices, positioning it as a key intervention for improving breastfeeding outcomes and preventing stunting in the long term.

DFAM as an Innovative Strategy for Stunting Prevention

This study demonstrates that the implementation of Digital Family Assistance & Mentoring (DFAM) significantly improves exclusive breastfeeding behavior and strengthens family support for breastfeeding mothers. Both factors are critical protective determinants in stunting prevention, particularly during the first 1,000 days of life. Improvements in consistent breastfeeding practices and enhanced family support indicate that DFAM impacts not only individual mothers but also the family environment as the primary support system for child growth and development. Exclusive breastfeeding plays a vital role in stunting prevention by ensuring optimal intake of macro- and micronutrients, enhancing immune function, and protecting infants from infectious diseases that impair linear growth (Hadi et al., 2021). Infants who do not receive exclusive breastfeeding are at higher risk of recurrent infections and impaired nutrient absorption, ultimately increasing their susceptibility to stunting (Muthoharoh et al., 2025). The DFAM approach aligns with the life course approach and family-centered care paradigm, which emphasize early intervention and family involvement in preventing chronic nutritional problems. Furthermore, the use of digital platforms in DFAM supports the Digital Health strategies recommended by WHO (2019) to effectively reach vulnerable populations, particularly in areas with limited access to healthcare services.

DFAM is also consistent with Indonesia's national stunting reduction strategy, which emphasizes the convergence of nutrition-specific and nutrition-sensitive interventions, including family empowerment, maternal education, and the use of information technology. DFAM acts as a bridge between clinical and social interventions by utilizing digital technology as its primary delivery medium. Based on empirical findings and theoretical perspectives, DFAM has strong potential to be developed as an effective, adaptive, and sustainable stunting prevention intervention. The integration of digital education, personalized mentoring, and family involvement allows DFAM to be flexibly implemented across diverse settings, including island and resource-limited regions. DFAM can be integrated into primary healthcare services such as community health centers (puskesmas) and integrated health posts (posyandu) as part of promotive and preventive maternal and child health programs. With appropriate policy support and capacity building for healthcare providers, DFAM may serve as a scalable digital intervention model to accelerate national stunting reduction efforts while improving maternal and child health outcomes in the long term.

CONCLUSION

This study demonstrates that Digital Family Assistance & Mentoring (DFAM) is effective in improving exclusive breastfeeding practices, primarily through positive changes in maternal attitudes and behaviors. Although knowledge improvement in the intervention group was not statistically significant due to the ceiling effect, DFAM functioned as a reinforcement mechanism that effectively bridged the gap between knowledge and practice. The family-based mentoring and digital support approach proved effective in enhancing positive attitudes, maternal self-confidence, and consistency in breastfeeding behaviors. These attitudinal changes emerged as more critical determinants of exclusive breastfeeding success than knowledge improvement alone. The observed improvements in exclusive breastfeeding practices and family support highlight DFAM's potential as an innovative strategy for stunting prevention. Through its adaptive and sustainable digital approach, DFAM holds promise for integration into primary healthcare services as a promotive and preventive maternal and child health intervention.

ACKNOWLEDGEMENTS

The authors would like to express their sincere appreciation to STIKES Pasapua Ambon for the institutional support provided during the conduct of this study. The authors also extend their deepest gratitude to the Directorate of Research, Technology, and Community Service (DRTPM), Ministry of Education, Culture, Research, and Technology of the Republic of Indonesia, for the financial support through the BIMA DRTPM Grant 2025 (No:228/LL12/AM/2025), which made this research possible.

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