

Evaluation of implementation 10 steps to successful breastfeeding program at Dukuh Klopo Community Health Center

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ABSTRACT

Various regulations regarding programs that support breastfeeding already exist, but their coverage and other practices related to breastfeeding such as IMD have not reached the set targets, especially in Community Health Centers (Puskesmas) because so far the focus of implementation has only been on hospitals. The purpose of this study was to evaluate the implementation of the success of the 10 LMKM program at the Dukuh Klopo Community Health Center, Jombang. This research is a qualitative study with a case study research design. The data collection method used in-depth interviews. The sample in this study was 3 providers and 10 mothers who received the program. The place and time of the research were at the Dukuh Klopo Community Health Center from October to November 2025. The research analysis used the Miles and Hubberman model. The results showed that all midwives supported breastfeeding activities including discussions since pregnancy, all midwives assisted with early breastfeeding initiation (IMD) and joint care for mothers who gave birth. All breastfeeding mothers never received gifts that included the logo of a breast milk substitute (PASI) brand and mothers were sensitive to signs that their babies wanted to breastfeed. However, one aspect of the program remains incomplete: the lack of breastfeeding support groups (KP-ASI). A written policy regarding the 10 LMKMs is needed, and it is hoped that all midwives will participate in lactation management training to optimize their implementation.

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INTRODUCTION

A UNICEF and WHO report in August 2025 recorded that the exclusive breastfeeding rate in Indonesia reached 66.4% in 2024, up from 52% in 2017. However, there is variation between regions, with some provinces already achieving high rates while others remain below the target. In

Jombang Regency, there is a downward trend in exclusive breastfeeding rates, which initially reached 73.85% in 2022, but dropped to 68.6% in 2023. Various national regulations have been established by the government regarding breastfeeding. For example, Law No. 36 of 2009 concerning Health regarding exclusive breastfeeding that every baby has the right to receive exclusive breastfeeding until the age 6 months. Sanctions are imposed on any party attempting to obstruct this. In addition, there are other regulations, such as Minister of Health Decree No. 450 of 2004 and Government Regulation No. 33 of 2012 concerning exclusive breastfeeding.

Although various regulations exist regarding exclusive breastfeeding, the reality is that exclusive breastfeeding coverage has not yet reached the target, including Early Initiation of Breastfeeding (IMD) (Sinaga & Siregar, 2020)(Irayani et al., 2023)(Fitria & Antari, 2024). Furthermore, there is no official data in Indonesia on how many health facilities have fully implemented the 10 LMKMs (Perwira, n.d.)(Soewondo et al., 2022)(Simak et al., 2025). The question then arises: what form of oversight is being taken of the 10 LMKMs program regulated by the government? Have all health facilities fully implemented it? So far, the focus on the implementation of the 10 LMKMs program has focused solely on health facilities such as hospitals, rather than community health centers (Puskesmas). All health facilities should receive attention regarding the 10 LMKMs program, especially those that provide services for pregnant women and assist with childbirth (Lisandra, 2022)(Sari et al., 2024)(Widjaja, 2025a)(Widjaja, 2025b).

The Dukuh Klopo Community Health Center (Puskesmas Dukuh Klopo) is one such health facility that provides prenatal checkups, family planning, immunizations, 24-hour delivery, early detection of child growth and development, and lactation counseling. In providing services, midwives are responsible for supporting successful breastfeeding, including implementing the 10 LMKMs, such as IMD and group care (Rahmani, 2020)(Elly Susilawati et al., 2022)(Himawati et al., 2025). The aim of this study was to evaluate the implementation of 10 LMKM at Dukuh Klopo Community Health Center for implementing midwives and breastfeeding mothers (Wahyuni Mahmud Date & Puspitasari, n.d.)(Date et al., 2021).

RESEARCH METHOD

This research is a qualitative study with a case study design regarding a program. Data collection used in-depth interviews. The data collection instruments/tools used were interview guides and recordings. Data analysis employed the Miles and Hubberman model.

The sampling technique used in this study was purposive sampling, as it only recruited informants who met the criteria, objectives, and problem identified by the researcher at the Dukuh Klopo Community Health Center. The inclusion criteria were breastfeeding mothers aged 0-6 months who had received antenatal care (ANC) at the Dukuh Klopo Community Health Center since their pregnancy. Data validity was verified using data triangulation by comparing interview results with midwives, families, and breastfeeding mothers.

Participants

The population in this study was healthcare workers on duty and breastfeeding mothers who regularly checked themselves at the Dukuh Klopo Community Health Center. The informant sample for this study was three midwives on duty and 10 mothers who received the program.

Study Location and Time

Dukuh Klopo Community Health Center, October to November 2025

RESULTS AND DISCUSSIONS

Descriptive Analysis Results

The following table describes the characteristics of breastfeeding mothers who received the 10 Steps to Successful Breastfeeding program and healthcare workers who provided services at the Dukuh Klopo Community Health Center.

Table 1. Characteristics of breastfeeding mother participants

Informant	Age (year)	Parity	Education
X1	25	2	Junior High School
X2	32	3	Bachelor's Degree
X3	24	1	Senior High School
X4	25	1	Senior High School
X5	26	1	Bachelor's Degree
X6	23	1	Senior High School
X7	26	2	Bachelor's Degree
X8	28	2	Bachelor's Degree
X9	22	1	Junior High School
X10	33	3	Bachelor's Degree

Table 2. Overview of health worker characteristics

Informant	Age (year)	Length of Service	Education	Position
Y1	36	11 years	Diploma of Midwife	Midwife
Y2	32	9 years	Profession Midwife	Skilled midwife
Y3	34	8 years	Profession Midwife	Skilled midwife

The informants in this study consisted of 13 people, consisting of 10 breastfeeding mothers and 3 midwives. Five of the breastfeeding mothers were new mothers with their first child, while the rest were breastfeeding mothers in their second and third trimesters. Educational characteristics included two participants with a junior high school education, three with a high school education, and the others with a bachelor's degree.

The other informants were three midwives: two midwives and one on-call midwife. Informants Y1 had a Diploma degree of midwifery, while informant Y2 and Y3 had a Profession of Midwifery. The on-call midwife had 11 years of work experience, while the skilled midwives in Dukuh Klopo had 8 and 9 years of work experience.

Research Interpretation

In this case, the researcher will present the interpretation of the results based on the research objective, which is to evaluate the implementation of the Ten Steps to Successful Breastfeeding (10 LMKM) at the Dukuh Klopo Community Health Center. This interpretation of the research results is based on direct interviews with breastfeeding mothers and midwives during their duties in providing patient care. The researcher used tables to present the data for a more concise and concise presentation. The following are the research findings obtained in the field.

- a. Implementation of the 10 Steps to Successful Breastfeeding Program in Health Facilities, the following are the results of interviews with health worker informants regarding the implementation of the program at the Dukuh Klopo Community Health Center.

Table 3. Implementation of the 10 steps to successful breastfeeding program at Dukuh Klopo Community Health Center by Health Workers

No	Implemented Program	Y1	Y2	Y3
1	Has a written breastfeeding policy	Yes	Yes	Yes
2	Trains health staff	Lactation Management Training	Lactation Management Training	Breastfeeding Counselor Training

No	Implemented Program	Y1	Y2	Y3
3	Informs pregnant mothers	Done	Done	Done
4	Helps mothers initiate breastfeeding early	Done	Done	Done
5	Teach breastfeeding techniques	Done	Done	Done
6	Provides only breast milk	Done	Done	Done
7	Implements rooming-in	Done	Done	Done
8	Encourages breastfeeding on demand	Done	Done	Done
9	Does not provide pacifiers or pacifiers	Done	Done	Done
10	Provides breastfeeding support group support	No	No	No

Table 3. Implementation of the 10 steps to successful breastfeeding program at Dukuh Klopoo Community Health Center by Program Recipient Participants

No	Program Implementation	X1	X2	X3	X4	X5	X6	X7	X8	X9	X10
1	Breast Milk Substitute Promotion:	No	No	No	No	No	No	No	No	No	No
2	Information about breastfeeding from pregnancy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3	Early Breastfeeding Initiation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4	Breastfeeding Support	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5	Teaching breastfeeding techniques	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	Providing only breast milk	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7	Implementing joint care	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8	Encouraging breastfeeding on demand	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9	Using pacifiers/ pacifiers	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10	Informing about the existence of Breastfeeding Support Groups	No	No	No	No	No	No	No	No	No	No

Based on the interview results above, it can be concluded that the policy related to the implementation of 10 LMKM at Dukuh Klopoo Community Health Center has been implemented in accordance with government regulations such as having a written policon breastfeeding, teaching correct breastfeeding techniques, conducting IMD, exclusive breastfeeding for 6 months, joint care and not being allowed to use pacifiers, etc. The fact found during the research is that the written policy at the Community Health Center related to the 10 LMKM program at least has information on Early Breastfeeding Initiation (IMD), rooming in (joint care between mother and baby), prohibition on the promotion of formula milk and other breast milk substitutes, prohibition on the use of pacifiers and pacifiers, correct breastfeeding methods. Educational information on position and attachment as well as breastfeeding when the baby is sick can be easily accessed by the public (Faiqah & Hamidiyanti, 2021)(HINDRIYANI, 2025)(Aprilita, 2025)(Agustinarsih & Winarsih, 2025). This is based on the Regulation of the Minister of Women's Empowerment and Child Protection of the Republic of Indonesia No. 3 of 2010 concerning the Implementation of Ten Steps to Successful Breastfeeding (10 LMKM). With the existence of written regulations, it is hoped that health workers will be more disciplined and compliant. Likewise, the public is expected to be more concerned and knowledgeable so that breastfeeding success can be achieved.

Based on interviews, all midwives reported providing breastfeeding education during pregnancy. This is consistent with the breastfeeding mothers' information, which all reported receiving breastfeeding education during pregnancy. This aligns with the results of the study by (Wahyuningsih, 2019) found that discussions related to the 10 LMKM program should begin as early as the time a mother visits her prenatal checkup, including education on childbirth preparation and exclusive breastfeeding.

The implementation of Early Initiation of Breastfeeding in the delivery room, starting with assistance and the implementation of processes, is a series of steps in the Early Initiation of

Breastfeeding program (Worabay, 2023)(Sarina, 2024)(Pane et al., 2025)(Etik Khusniyati et al., 2025). Interviews revealed that all midwives assisted in the Early Initiation of Breastfeed process. In this regard, 10 breastfeeding mothers underwent Early Initiation of Breastfeeding during their deliveries, with the participation of health workers at the Dukuh Klopo Community Health Center. Furthermore, midwives' support for breastfeeding mothers was demonstrated through group care, teaching proper breastfeeding techniques, and avoiding pacifiers. Full support from health workers significantly contributes to successful breastfeeding, which is beneficial for infant growth and development.

A phenomenon that occurred at the research site was that upon returning from the health facility, mothers had not received support from the community or breastfeeding support groups. The following are interview results regarding the explanations of what mothers received upon returning from the health service. Postpartum, breastfeeding mothers only received information regarding check-up schedules, family planning counseling, and umbilical cord care. This was acknowledged by the implementing midwife who stated that there was no breastfeeding support group in the Dukuh Klopo Community Health Center's work area. This does not align with the theory of (Yuniyanti, 2017). Breastfeeding support groups are useful for building confidence, mutual support, and sharing experiences among breastfeeding mothers. Breastfeeding support groups can be initiated by cadres, as cadres are usually closer to the community, especially pregnant and breastfeeding mothers, than health workers. Community participation and role in supporting breastfeeding are crucial. Collaboration between religious leaders, community leaders, and cadres is essential for achieving successful breastfeeding. Successful breastfeeding is our shared responsibility.

CONCLUSION

A study of three midwives and 10 breastfeeding mothers who regularly attend antenatal and delivery visits at the Dukuh Klopo Community Health Center concluded that all midwives support breastfeeding and have participated in Human Resource Development programs related to lactation management, but none have initiated the formation of a Breastfeeding Support Group. All breastfeeding mothers have never received any promotional gifts bearing the logo of a breast milk substitute (PASI) brand and reported receiving healthcare services that prioritize breastfeeding practices.

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