

Submitted: 19 February 2025
Accepted: 14 May 2025
Published online: 7 October, TAPS 2025, 10(4), 73-76
<https://doi.org/10.29060/TAPS.2025-10-4/SC3672>

Strengthening awareness of mother-centred advocacy on breastfeeding through experiential learning

Astrid Pratidina Susilo¹, Lucia Pudyastuti Retnaningtyas¹, Lisa Aditama² & Karunia Wijayanti³

¹Faculty of Medicine, Universitas Surabaya, Indonesia; ²Faculty of Pharmacy, Universitas Surabaya, Indonesia; ³Faculty of Medicine, Universitas Negeri Surabaya, Indonesia

Abstract

Introduction: Healthcare professionals need to advocate for mothers and understand breastfeeding challenges, especially in a community-based culture. We developed a breastfeeding management course for healthcare professionals and students in health-related majors on an online platform at our university. This study aimed to explore what participants learned from an experiential learning assignment to interview mothers regarding their breastfeeding challenges, and write a reflection on it.

Methods: In this qualitative study, we analysed the written reflections of 56 participants after they interviewed mothers regarding their breastfeeding challenges. Thematic analysis and triangulation among the researchers were conducted to obtain themes.

Results: Four themes were identified: (1) differences in knowledge and beliefs about breastfeeding among mothers and their families, (2) breastfeeding challenges that can be a threat to breastfeeding, (3) healthcare professionals' central role in providing education and advocating for breastfeeding, and (4) involvement of the family and community in breastfeeding education.

Conclusion: This interview and reflective writing assignment strengthened the participants' awareness of how to advocate for breastfeeding mothers, including considering the influence of the community context.

Keywords: *Breastfeeding, Communal Culture, Experiential Learning, Reflective Writing*

I. INTRODUCTION

Breastfeeding is a natural method of providing the best nutritional intake for babies' growth and development, and strengthening the emotional bond between the mother and the baby. The low rate of breastfeeding is a global problem because only less than half of babies under six months of age are exclusively breastfed (Balogun et al., 2015).

Several factors influence breastfeeding, including stigma and support from people closest to the mother. These factors are prominent in communal cultures where the influence of family and community is strong (Susilo et al., 2019). Healthcare professionals can encourage the success of breastfeeding programs by providing education to mothers and their families. Therefore, they need to learn about breastfeeding management and

strategies to increase public knowledge. Apropos this, mother-centred advocacy tailored to mothers' needs can be offered by healthcare professional (Mulcahy et al., 2022).

We developed a breastfeeding management training program for healthcare professionals and students through an online course platform. One of the assignments in this course was to interview breastfeeding mothers and write reflections on their experiences. According to Kolb's Experiential Learning Theory, this learning activity can help learners conceptualise the essential principles they must master (Yardley et al., 2012). Such a learning activity is innovative and scarcely reported in the existing literature. Additionally, this assignment is novel in the field of breastfeeding-related education. A systematic review of breastfeeding training

reported that only one breastfeeding training program used reflective writing (Mulcahy et al., 2022). This study aimed to explore what participants learned from an experiential learning assignment of interviewing mothers on their breastfeeding challenges and writing reflections afterwards.

II. METHODS

This qualitative study used an interpretive descriptive approach to identify themes and patterns among subjective perspectives based on the reflections of breastfeeding management training participants. The training was conducted online through our university's open online course platform Ubara Global Academy (UGA). This online course consisted of six sessions and targeted healthcare professionals and students from

different domains (medicine, pharmacy, and midwifery). The six sessions were basic science of breastfeeding, common challenges in breastfeeding for healthy mothers (part 1), common challenges in breastfeeding for healthy mothers (part 2), supporting breastfeeding in mothers with specific health issues (non-communicable disease), supporting breastfeeding in mothers with specific health issues (communicable disease), and essential principles in breastfeeding (wrap up and reflection). Students should have completed their first year of education to have basic exposure to health sciences. We invited all participants who had attended the training to participate in this study. At the beginning of the second session, each participant interviewed a mother who had breastfeeding experience, following which, they wrote a reflective writing of 200-500 words.

No	Question
1	Why did mothers choose to provide breast milk for babies?
2	What were the challenges in the breastfeeding process, and how can they be overcome?
3	What food, medicines, or activities do they believe facilitate or inhibit breast milk production (examples of beliefs: eating <i>katuk</i> leaves and breast massage can facilitate breastfeeding)? Where did the mother or partner get this information about food, medicine, and activities?

Table 1. Interview Questions

We analysed the data using a thematic analysis approach by reading and re-reading the reflective writings, selecting relevant ideas, coding and grouping them according to their similarities, and organising them into themes and subthemes based on the results of interviews and participants' reflections. Atlas.ti version 24 was used to manage the data. Data triangulation was conducted between researchers by discussing themes and differences until a consensus was reached.

III. RESULTS

Fifty-six participants agreed to participate in the study and completed the interviews. Forty-five of them were from medicine, eight from pharmacy, and three from midwifery. There were variations in participants' reflective writing, and the following four themes emerged:

A. Differences in Knowledge and Beliefs about Breastfeeding among Mothers and Their Families

Participants reflected that mothers' knowledge and beliefs about breastfeeding varied depending on the information they received from their surroundings. Family members were their main sources of information on ways to overcome breastfeeding challenges.

'The mother tried to commit to breastfeeding for six months. But when she fell ill and was weak, she had to give formula milk to the child on the advice of her

mother-in-law, but after that, the child did not want to drink breast milk.' (P24)

B. Breastfeeding Challenges that can be a Threat to Breastfeeding

Participants indicated that mothers faced various obstacles in breastfeeding, such as the pain experienced by them during breastfeeding, which may force them to switch to formula milk. Problems that triggered pain included low milk production, swelling of the breasts, and sore nipples. Mother's health was also a reason for the people around her to support breastfeeding cessation. Another challenge in breastfeeding was mother's readiness to breastfeed, particularly for working mothers to manage their time for breastfeeding. Therefore, healthcare professionals should explore the challenges of breastfeeding before providing appropriate advice.

'In the Integrated Services Post (Posyandu), midwives or health workers can open a special session on questions about breastfeeding.' (P28)

C. Healthcare Professionals' Central Role in Providing Education and Advocating for Breastfeeding

Healthcare professionals should have adequate knowledge of breastfeeding management, good communication skills, ability to demonstrate breastfeeding techniques, and educational strategies to the public. They should also involve community leaders and use social media platforms to promote breastfeeding.

'It is essential for healthcare workers to provide proper education, not endorse and recommend products such as breast milk supplements, whose ingredients and side effects are unknown. Instead, they must teach and provide education on benefits of breastmilk, breast massages which can facilitate mother's breast milk production, and on managing stress which can impact breast milk production.' (P48)

D. Involvement of the Family and Community in Breastfeeding Education

Participants reflected that breastfeeding is influenced by cultural aspects; if the mother does not have prior breastfeeding experience, she is likely to believe information provided by the people around her. Hence, apart from the mothers, breastfeeding education must also be extended to companions and families. Such education must include factors to support breastfeeding such as preparation and methods for giving breast milk, and appropriate information about lactation.

'We as healthcare workers must pick up the ball by providing mass education to the community, especially to family members who are "always" supposed to be listened to. Breastfeeding education will be in vain if we do not educate the public. We are also responsible for the health and quality of the nation's future generations.' (P25)

IV. DISCUSSION

Healthcare professionals must possess mother-centred advocacy skills to promote breastfeeding. Increasing their understanding through educational measures is a commitment to achieving better breastfeeding coverage and improving maternal and child health (Mulcahy et al., 2022). In line with the principles of Kolb's Experiential Learning Theory, the interviews provided authentic exposure to the participants where they could practice skills to explore mothers' beliefs and knowledge, and develop an empathetic attitude towards mothers' challenges. The reflection process also enabled them to strengthen their understanding and conceptualise their interpersonal skills and professional development (Yardley et al., 2012).

Participants reflected that knowledge and beliefs of mothers are essential factors in sustaining breastfeeding. Mothers' lack of independence from family influence and low self-confidence in overcoming challenges are considered to be related to short duration of breastfeeding (Balogun et al., 2015). The communal culture often affects mothers' decision-making regarding breastfeeding as they are dependent on informal information from the surrounding people. Though this

information may help them overcome breastfeeding-related problems, it may not necessarily be evidence-based (Susilo et al., 2019).

Hence, participants were aware of the urgency with which healthcare professionals must act to provide appropriate breastfeeding counselling. This assignment helped them critically think about mothers' perceptions of challenges in breastfeeding and their own future actions to support breastfeeding. This comprehensive understanding will help promote breastfeeding, by providing mother-centred advocacy and breastfeeding counselling with appropriate advice and anticipatory steps to overcome breastfeeding obstacles (Radzynski & Callister, 2015).

Our study showed that the participants were motivated to play a central role in supporting breastfeeding mothers. This assignment served as a strong trigger to motivate participants to improve the knowledge about breastfeeding management they would obtain throughout the course.

This study has two limitations. First, the analysis of participants' awareness was based on their reflective writing skills, which may be diverse as they have not been consistently introduced in academic institutions in Indonesia. This may have influenced how the participants expressed their understanding in their reflective writing. Oral reflections can yield different themes. Second, this study focused only on the interviews and reflective writing assignments of the course, as we believe that an intensive look at these would provide valuable lessons. Triangulation with other data is necessary to determine the effectiveness of the entire course.

V. CONCLUSION

An assignment based on experiential learning principles made participants aware of the diversity of knowledge and beliefs of breastfeeding mothers in a communal culture and the potential challenges for mothers deciding to stop breastfeeding. The reflection process motivated them to learn about mother-centred advocacy for breastfeeding mothers and their surroundings.

Notes on Contributors

Astrid Pratidina Susilo designed the study, conducted the data collection and analysis, and drafted the manuscript.

Lucia Pudyastuti Retnaningtyas designed the study, conducted the data collection and analysis, and reviewed the manuscript.

Lisa Aditama designed the study, conducted the data collection, and reviewed the manuscript.

Karunia Wijayanti designed the study, conducted the data analysis, and drafted the manuscript.

Ethical Approval

This study was approved by the institutional ethics committee of Universitas Surabaya (No. 179/KE/VII/2023). All the participants provided written informed consent.

Data Availability

We do not share the raw data as the reflective writing assignments were in Indonesian. Readers who are interested in accessing the data can contact the author.

Acknowledgement

We are grateful to the Ubaya Global Academy (UGA) management team for supporting the development and implementation of this online course. We also thank Santi Desi, Denny Herliana, and Laurentia Audi Agatha for their administrative support for this study. This study was presented at the International Conference of the AMEE 2024.

Funding

This research was supported by the Ministry of Education, Culture, Research, and Technology of Indonesia (Grant Number 109/E5/PG.02.00.PL/2024).

Declaration of Interest

No potential conflicts of interest are relevant to this article.

References

- Balogun, O. O., Dagvadorj, A., Anigo, K. M., Ota, E., & Sasaki, S. (2015). Factors influencing breastfeeding exclusivity during the first 6 months of life in developing countries: A quantitative and qualitative systematic review. *Maternal & Child Nutrition*, 11(4), 433-451. <https://doi.org/10.1111/mcn.12180>
- Mulcahy, H., Philpott, L. F., O'Driscoll, M., Bradley, R., & Leahy-Warren, P. (2022). Breastfeeding skills training for health care professionals: A systematic review. *Heliyon*, 8(11). <https://doi.org/10.1016/j.heliyon.2022.e11747>
- Radzynski, S., & Callister, L. C. (2015). Health professionals' attitudes and beliefs about breastfeeding. *The Journal of Perinatal Education*, 24(2), 102-109. <https://doi.org/10.1891/1058-1243.24.2.102>
- Susilo, A. P., Marjadi, B., Dalen, J. V., & Scherpbier, A. (2019). Patients decision-making in the informed consent process in a hierarchical and communal culture. *The Asia Pacific Scholar*, 4(3), 57-66. <https://doi.org/10.29060/TAPS.2019-4-3/OA2085>

Yardley, S., Teunissen, P. W., & Dornan, T. (2012). Experiential learning: AMEE guide No. 63. *Medical Teacher*, 34(2), e102-e115. <https://doi.org/10.3109/0142159X.2012.650741>

*Lucia Pudyastuti Retnaningtyas
Faculty of Medicine, University Surabaya, Indonesia
Jl. Raya Kalirungkut, Surabaya 60293
+628113113338
Email: luciaretnaningtyas@staff.ubaya.ac.id