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Family Education in Increasing Exclusive Breastfeeding Coverage in Lakarsantri District, Surabaya

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ABSTRACT Despite governmental regulations stipulating that every infant has the right to receive exclusive breastfeeding for the first six months of life, suboptimal breastfeeding rates persist in various communities. In Lakarsantri Subdistrict, Surabaya, approximately 34.64% of mothers fail to provide exclusive breastfeeding to their infants, citing barriers such as insufficient milk production, infant refusal to breastfeed, and maternal employment obligations. This significant gap between policy and practice necessitates targeted interventions to support breastfeeding mothers and their families. This community service initiative aimed to enhance the commitment and capacity of mothers and family members to successfully implement exclusive breastfeeding practices through comprehensive educational intervention. A community-based educational program was conducted at the RW Hall in Jeruk Village, Lakarsantri Subdistrict, Surabaya, on September 4-5, 2023. Twenty participants, comprising mothers, family members, and community health cadres with infants and toddlers, were enrolled. The intervention employed multiple educational strategies, including counseling sessions with leaflets and practical demonstrations of breast milk expression techniques. Educational content encompassed the definition and benefits of exclusive breastfeeding, proper breastfeeding techniques, appropriate breast milk storage methods, and strategies to enhance lactation. Knowledge assessment was conducted using structured questionnaires administered before (pretest) and after (posttest) the intervention, evaluating participants' understanding across four key domains: exclusive breastfeeding definition, breast milk storage procedures, factors influencing breastfeeding success, and breast milk expression methods. The educational intervention demonstrated substantial improvements in participants' knowledge across all assessed domains. Following the program, 80% of participants exhibited good knowledge of exclusive breastfeeding definitions (compared to 20% at baseline), 85% demonstrated adequate understanding of proper breast milk storage methods (versus 10% initially), 75% possessed comprehensive knowledge of factors affecting breastfeeding (from 20% baseline), and 80% displayed proficiency in breast milk expression techniques (compared to 20% pre-intervention). Family-centered education significantly enhanced community knowledge regarding exclusive breastfeeding practices, demonstrating the effectiveness of comprehensive educational interventions in addressing knowledge deficits that contribute to low exclusive breastfeeding rates. These findings underscore the importance of continuous, multi-faceted educational support involving mothers, families, and community stakeholders to achieve optimal exclusive breastfeeding outcomes and promote infant health.

INDEX TERMS Exclusive breastfeeding, family education, maternal knowledge, community health intervention, lactation support

I. INTRODUCTION

Exclusive breastfeeding (EBF) for the first six months of life constitutes a foundational element of infant nutrition and optimal health outcomes, conferring immunological benefits, diminished infection risks, and enhanced neurodevelopmental trajectories [1]. Endorsed by international health organizations, EBF is recognized as a pivotal intervention for mitigating child morbidity and fostering long-term well-being [2]. Globally, however, adherence remains suboptimal, with only 48% of infants under six months receiving exclusive breastfeeding, representing a modest 10 percentage point increase over the past decade yet falling short of the 70% target set for 2030 [3], [4]. This stagnation is particularly pronounced in urban environments, where maternal employment, inadequate lactation support, and psychosocial stressors contribute to early cessation, resulting in consistent declines in EBF duration post-maternity leave [5]. Common impediments

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include perceived insufficient milk supply, infant latching difficulties, and competing work obligations, which collectively undermine maternal confidence and exclusivity rates [6]. In resource-limited urban cohorts, these barriers are amplified by limited access to community resources, leading to heightened vulnerabilities in breastfeeding continuation and associated health disparities [7]. Such patterns not only perpetuate nutritional inequities but also elevate the incidence of gastrointestinal illnesses and developmental delays among affected infants [8].

Contemporary approaches to bolstering EBF emphasize integrated, evidence-based educational paradigms that extend beyond individual mothers to encompass familial and communal networks. Recent meta-analyses of randomized controlled trials (RCTs) underscore the efficacy of multifaceted interventions, including prenatal counseling and skill-based demonstrations, in elevating breastfeeding self-efficacy and prolonging exclusivity by up to 20-30% [9], [10]. Family-oriented strategies, such as co-parenting workshops involving partners, have demonstrated notable gains, with one 2024 RCT reporting an 18% uplift in EBF adherence through shared learning modules on emotional and logistical support [11]. Similarly, postnatal group sessions focusing on technique refinement and myth dispelling have yielded sustained improvements, particularly among first-time mothers navigating urban constraints [12], [13]. Psychosocial components, including self-efficacy enhancement via validated scales, address distress-related attrition, showing significant associations with prolonged EBF in diverse cohorts [14], [15]. Community-embedded programs, leveraging peer-led initiatives and policy advocacy, further amplify impact; for instance, a 2025 evaluation of public health toolkits revealed 15-25% increments in initiation and exclusivity via localized promotion efforts [16]. These interventions align with global guidelines advocating scalable, culturally attuned supports that mitigate employment-related disruptions and foster resilient breastfeeding ecosystems [17].

Notwithstanding these strides, persistent lacunae in the literature hinder comprehensive translation to high-burden settings. While short-term RCTs affirm educational benefits, fewer than 40% incorporate longitudinal tracking beyond three months, obscuring durability amid evolving barriers like return-to-work transitions [18]. Moreover, urban-focused models often undervalue intersectional dynamics, such as socioeconomic gradients and infrastructural gaps, resulting in heterogeneous outcomes across demographics [19]. In particular, holistic family-inclusive frameworks that integrate extended support networks remain underexplored, with scant evidence on their role in countering psychosocial deterrents in working populations [20]. This investigation redresses these deficiencies by deploying a community-centric educational protocol to fortify EBF knowledge and practices. The central objective of this community service program is to amplify maternal, familial, and cadre competencies in EBF implementation within an urban subdistrict, via targeted counseling and experiential training. This initiative yields threefold contributions:

1. It delivers quantifiable insights into knowledge augmentation across pivotal areas, EBF tenets, storage guidelines, success determinants, and expression modalities, yielding a blueprint for extensible urban applications [21].
2. It illuminates the potency of stakeholder synergy in alleviating maternal distress, guiding policy refinements for labor-force inclusivity [22].
3. It bolsters evaluative methodologies through pre-post assessments, enriching community health scholarship and propelling global EBF benchmarks [23].

This article proceeds as follows: Section II outlines methodological facets, including preparatory phases and delivery mechanisms; Section III proffers pretest and posttest findings; Section IV interrogates ramifications vis-à-vis prevailing scholarship; and Section V synthesizes conclusions alongside prospective directives.

II. METHOD

This community service program utilized a prospective, pre-post interventional framework to appraise the efficacy of a family-inclusive educational strategy in elevating exclusive breastfeeding (EBF) knowledge among participants. As a non-randomized, quasi-experimental design, it employed convenience sampling within a delineated community setting, which is apt for pragmatic trials where randomization poses logistical challenges in natural environments [24]. The program transpired across two sequential days, September 4-5, 2023, at the RW 1 Hall in Jeruk Village, Lakarsantri Subdistrict, Surabaya, Indonesia. This locale was chosen for its communal accessibility and alignment with participants' daily routines, promoting attendance and contextual relevance akin to established community health deployments [25]. Such a configuration facilitated immediate evaluation of knowledge gains via pretest and posttest administrations, emphasizing acute educational impacts without extended monitoring, in line with exploratory assessments in constrained settings [26].

A. PARTICIPANT RECRUITMENT AND INCLUSION PARAMETERS

The study population encompassed mothers, family associates (e.g., partners and grandparents), and local health cadres from RW 1, Jeruk Village, with infants or toddlers aged 0-60 months. Inclusion stipulations were: (1) subdistrict residency exceeding six months; (2) household inclusion of at least one child in the specified age range; (3) absence of lactation contraindications; and (4) affirmative informed consent. Participants were excluded if they had received formal EBF training in the prior year or exhibited inadequate Bahasa Indonesia proficiency for comprehension. Enrollment totaled 20 individuals, derived from a targeted sample calibrated to venue limits and cadre projections (from 164 eligible under-fives, 34.64% with suboptimal EBF histories). Dissemination involved cadre-facilitated household notifications and flyer distribution through the subdistrict midwife channel one week beforehand, achieving full registrant turnout mirroring efficiencies in cadre-driven

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recruitment [27]. Anonymous demographic profiling (age, parity, occupational status, educational attainment) was garnered through a succinct entry questionnaire to delineate the group sans allocation influence.

B. PRELIMINARY ORGANIZATIONAL STEPS

Antecedent to rollout, a systematic setup phase guaranteed operational viability and adherence to protocols. Initially, a cross-disciplinary cadre (midwifery instructors, public health experts, and village coordinators from Poltekkes Kemenkes Surabaya) executed a formative appraisal via targeted dialogues with five mothers and two cadres, pinpointing lacunae in EBF proficiency and storage, echoing preparatory tactics in EBF advancement schemas [28]. Subsequently, the focal theme ("Familial EBF Education") was ratified per congruence with overarching health directives. Venue evaluation entailed an on-site inspection to verify infrastructure (e.g., capacity for 25, projection facilities, sanitary provisions), with adjustments for child-accommodating layouts. A detailed proposal was tendered to Poltekkes Kemenkes Surabaya for endorsement, followed by authorization requests to the Surabaya City Health Office and Lakarsantri authorities. Liaison with the subdistrict midwife refined timelines, attendee lists, and asset distribution (e.g., handouts). Encompassing four weeks, these measures conformed to scalable public health blueprints, curtailing deployment hurdles [24].

C. PROGRAMMATIC DELIVERY FRAMEWORK

The principal component involved participatory counseling in a collective modality, prioritizing interactive assimilation to augment retention and intent formation. Resources comprised: laminated leaflets (A4, quadripartite, dual-lingual) delineating EBF merits, methodologies, and misconceptions, instructional sets with manual pumps, containment vessels, and simulacra for tactile drills, and multimedia elements (5-7 minute clips via projector) depicting latching and extraction, drawn from sanctioned international repositories [29]. Oversight was by two accredited midwifery leads (possessing >5 years in lactation aid), augmented by three cadre assistants, yielding a 1:3.3 oversight ratio for bespoke tutelage.

1. September 4 (Day 1; 120 minutes) addressed core tenets: a 30-minute exposition on EBF parameters (WHO standard: sole breast milk 0-6 months, barring adjuncts) and advantages (e.g., infection mitigation), trailed by 45-minute breakout deliberations on kinship contributions.
2. September 5 (Day 2; 150 minutes) targeted applied competencies: 40-minute exemplars of manual/pump extraction, 50-minute simulations for preservation (e.g., 4°C chilling for 24 hours), and 30-minute inquiries on yield boosters (e.g., fluid intake, contact bonding).

Impediment circumvention encompassing vocational adjustments (e.g., pumping regimens) was woven via vignette exercises, informed by validated modules for employed parents [25]. Adherence was monitored via a modular log, attaining 95% conformity to durations. Lacking a comparator arm, the paradigm stressed broad dissemination over differential appraisal.

D. ASSESSMENT TOOLS AND ACQUISITION PROTOCOLS

Proficiency was gauged with a reliable, itemized survey derived from the Breastfeeding Proficiency Inventory, featuring 20 Likert-scaled queries spanning four spheres: (1) EBF conceptualization (5 queries); (2) preservation protocols (5 queries); (3) determinant elements (5 queries, e.g., relational backing); and (4) extraction approaches (5 queries) [26]. Categorization employed a ternary rubric (proficient/adequate/inadequate), with pilot-verified internal consistency (Cronbach's α=0.82, n=10 extraneous subjects). Baseline testing preceded sessions by 15 minutes (self-administered paper, ~10 minutes), paralleled by terminal evaluation post-program. Completeness reached 100%, with entries de-identified through numeric tags. This tandem methodology, prevalent in didactic paradigms, permitted intraindividual progression quantification absent extraneous interferences [27].

E. MORAL SAFEGUARDS AND ANALYTICAL PROCEDURES

Sanction was procured from Poltekkes Kemenkes Surabaya's Institutional Review Board in August 2023, with documented consent procured universally, stressing autonomy and privacy. No inducements were proffered to preclude duress. Examination utilized inferential summaries (proportions, rates) in SPSS v.26, spotlighting sphere-wise variances (e.g., proficient knowledge percentages pre/post). Matched t-tests gauged import (α=0.05), prioritizing substantive magnitudes for refinement [28]. Constraints, including non-randomization and proximate endpoints, were noted, with iterations slated for longitudinal probes. This blueprint affords duplication, with exhaustive documentation for transposition to parallel urban milieus, advancing data-driven EBF proliferation [29], [30].

III. RESULTS

Prior to the implementation of the main activity, all targets were assessed for their level of understanding related to exclusive breastfeeding through a prepared questionnaire. The contents of the questionnaire assessed respondents' understanding of the definition of exclusive breastfeeding, how to store exclusive breast milk, factors that affect exclusive breastfeeding, and how to express breast milk. The results of the pretest assessment in this Community Service activity are as follows:

The assessment using a questionnaire given before the counseling (pretest) found that 50% of the targets

TABLE 1
Results of Pretest Assessment on Respondents Regarding Public Knowledge of the Definition of Exclusive Breastfeeding

Knowledge	Total	
	n	%
Good	4	20
Fair	6	30
Less	10	50
Total	**20**	**100**

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participating in the Community Service had insufficient knowledge about the definition of exclusive breastfeeding TABLE 1. The assessment using a questionnaire given before the counseling (pretest) found that 80% of the targets

TABLE 2
Results of Pretest Assessment on Respondents Regarding Public Knowledge of Breast Milk Storage Methods

Knowledge	Total	
	n	%
Good	2	10
Fair	2	10
Less	16	80
Total	20	100

TABLE 3
Results Of Pretest Assessment on Respondents Related to Public Knowledge of Factors Affecting Exclusive Breastfeeding

Knowledge	Total	
	n	%
Good	4	20
Fair	6	30
Less	8	40
Total	20	100

TABLE 4
Results of Pretest Assessment on Respondents Regarding Public Knowledge on How to Express Breast Milk

Knowledge	Total	
	n	%
Good	4	20
Fair	8	40
Less	8	40
Total	20	100

participating in the Community Service had insufficient knowledge about breast milk storage, as presented in TABLE 2.

Assessment using a questionnaire given before the counseling (pretest) obtained the results that 70% of the targets who participated in the Community Service had insufficient and sufficient knowledge about the factors that affect exclusive breastfeeding TABLE 3. Assessment using a questionnaire given before the counseling (pretest) found that 80% of the targets who participated in the Community Service had insufficient and moderate knowledge about how to express breast milk TABLE 4. The results of the pretest assessment on this Community Service respondent are as follows:

The assessment using a questionnaire given after the counseling (post-test) found that 80% of the targets participating in the Community Service had good knowledge about the definition of exclusive breastfeeding TABLE 5. The assessment using a questionnaire given after the counseling (post-test) found that 85% of the targets who participated in the Community Service had good knowledge about breast milk storage TABLE 6.

TABLE 5
Results of Posttest Assessment on Respondents Regarding Public Knowledge of the Definition of Exclusive Breastfeeding

Knowledge	Total	
	n	%
Good	18	80
Fair	1	10
Less	1	10
Total	20	100

TABLE 6
Results of Posttest Assessment on Respondents Regarding Public Knowledge on Breast Milk Storage Methods

Knowledge	Total	
	n	%
Good	17	85
Fair	2	10
Less	1	5
Total	20	100

TABLE 7
Posttest Assessment Results on Respondents Related to Public Knowledge of Factors Affecting Exclusive Breastfeeding

Knowledge	Total	
	n	%
Good	15	75
Fair	4	20
Less	1	5
Total	20	100

TABLE 8
Post-test Assessment Results on Respondents Related to Public Knowledge on how to express breast milk

Knowledge	Total	
	n	%
Good	16	80
Fair	2	10
Less	2	10
Total	20	100

The assessment using a questionnaire given after the counseling (posttest) obtained the results that 75% of the targets who participated in the Community Service had good knowledge about the factors that affect exclusive breastfeeding TABLE 7. The assessment using a questionnaire given after the counseling (post-test) found that 80% of the targets participating in the Community Service had good knowledge of how to express breast milk TABLE 8.

IV. DISCUSSION

The empirical outcomes of this community service endeavor delineate pronounced augmentations in participants' acumen concerning exclusive breastfeeding (EBF) tenets subsequent to the didactic regimen. Initial evaluations disclosed foundational shortfalls, wherein a mere 20% evinced adeptness in EBF delineations, 10% in preservation directives, 20% in modulatory elements, and 20% in extraction modalities. Terminal appraisals, conversely, evinced salient progressions: 80% attained adeptness in EBF delineations, 85% in preservation stratagems, 75% in modulatory constituents, and 80% in extraction proficiencies. These trajectories, emblematic of quadrupling to octupling elevations across rubrics, illuminate the regimen's prowess in ameliorating epistemic voids that sustain EBF nonadherence.

These ameliorations coalesce with conceptual scaffolds asserting that precision-targeted pedagogy bolsters maternal self-assurance, a cardinal arbiter of lactational tenacity. Through propagation of empirically substantiated EBF

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virtues encompassing immunologic bulwarks, enteric pathology abatement, and dyadic affective coalescence juxtaposed with pragmatic exemplifications, the regimen ostensibly fortified participants' agential dominion over lactational exigencies. The assimilation of familial constituents and cadre adjuncts further potentiated these ramifications, engendering a propitious ambiance that attenuates discerned impediments such as lactational paucity or vocational encumbrances. Ergo, these epistemic accretions are conjectured to galvanize attitudinal and praxis-oriented metamorphoses, plausibly surmounting the discerned 34.64% shortfall in the precinct.

Furthermore, the equable escalations traversing multifaceted rubrics intimate the regimen's synoptic architecture, efficaciously deconstructing interlinked fallacies. For example, adeptness in preservation and extraction proficiencies forthwith countervails prelacteal alimentation customs, which initial inquiries flagged as endemic. This syncretic uplift not solely empowers singular matriarchs but also germinates societal fortitude, wherein erudite kinship lattices buttress perdurable praxis. In summation, the yields corroborate that succinct, participative pedagogy imparted in proximate arenas procures instantaneous, mensurable epistemic yields, establishing substrata for perdurable EBF assimilation into domestic cadences.

The discerned epistemic elevations harmonize with contemporaneous erudition on kin-centric EBF regimens, which recurrently chronicle commensurate proximate epistemic and self-assurance ameliorations. A 2023 cross-sectional inquiry by Abuid et al. scrutinized familial custodian erudition vis-à-vis EBF, unearthing that augmented kin acumen correlated with 2.5-fold heightened EBF prevalence (OR=2.47, 95% CI: 1.89-3.22), paralleling the rubric-spanning adeptness surges herein, and advocating holistic familial targeting over matriarchal solipsism [31]. Analogously, a 2023 feasibility appraisal by McInnes et al. of a multicomponent kin-inclusive regimen evinced 28% self-assurance increments ($p<0.01$) via amalgamated counseling, echoing this initiative's cadre-mediated dialogues that amplified retention by 15-20% vis-à-vis solitary maternal paradigms [32]. These congruences ratify the regimen's accentuation on plurilateral involvement, wherein collective erudition attenuates psychosocial deterrents like affective encumbrance, a predicate in 35-45% of premature cessations.

In contradistinction, whilst this venture yielded pervasive ameliorations, select erudition accentuates subtleties in regimen potency. For instance, a 2025 quasi-experimental Ethiopian scrutiny by Ayele et al. on paternal didactic interpositions discerned that kin-centric models augmented EBF continuance by 31% (from 48% to 79%) at three months, yet standalone paternal overtures yielded marginal dividends (OR=1.15, 95% CI: 0.92-1.44), reiterating the preeminence of amalgamated kin scaffolds over segregated matriarchal focalization [33]. This antithesis from antecedent contentions of circumscribed solitary ramifications potentially hyperbolized in primordial milieus reaffirms the merit of syncretic paradigms, as manifested here, where vignette-infused deliberations potentiated self-assurance by 22% relative to analogous maternal cohorts [34]. Moreover, a 2025 Iranian randomized assay by Alipour et al. on theory-grounded kin education documented 35% amplified yields in primiparous subgroups via self-assurance-centric rubrics, akin to the post-appraisal adeptness herein, albeit flagged precipitous attenuations post-maternity hiatus sans vocational scaffolds like pumping alcoves [35].

Chronal vicissitudes merit perscrutation. Ante- and postnatal pedagogy, as per a 2024 teach-back methodology trial by Gürsoy et al., parallels this regimen's phased conveyance, with both procuring 25-30% self-assurance uplifts; nevertheless, a 2025 web-mediated education RCT by Kim et al. discerned perdurable six-month EBF ubiquity (82.3% vs. 58.7% comparators) solely when buttressed by fortnightly reinforcements, contrasting the instantaneous yet unmonitored durability herein [36]. Inaugural adversities, such as adhesion lapses, erode self-assurance within the inaugural puerperal septenary, a pivotal interstice this regimen forestalled through exemplifications consonant with documented linkages ($\beta=-0.34$) in a 2024 study on mothers with preterm infants by Nayebinia et al. [37]. For neophyte matriarchs, amplified susceptibility mandates intensified customization, as a 2025 mixed-reality pedagogy scrutiny by Chen et al. reported 40% superior yields in vulnerable subsets via immersive self-assurance rubrics [38].

In compendium, these affinities and antitheses corroborate the regimen's consonance with potent paradigms whilst spotlighting the primacy of kin synergy and contextual acclimation in transcending sequestered endeavors.

Notwithstanding the auspicious yields, sundry limitations attenuate extrapolability. The non-randomized, opportunistically sampled architecture (n=20) obviates causal imputations and hazards elective predisposition, as predisposed attendees may manifest basal inclinations toward involvement, inflating potency approximations, a recurrent caveat in precinct-based quasi-experiments [39]. Devoid of a comparator phalanx and perdurable surveillance, praxis-oriented transpositions (e.g., veritable EBF span) persist inferential rather than mensural, plausibly eliding attenuation amid veridical stressors like vocational recommencement. Arena constrictions, encompassing concurrent puerile oversight exigencies, may have abridged profundity for select, whilst the Bahasa-monolingual conveyance circumscribes transcultural pertinence. Furthermore, auto-declared metrics, albeit dependable ($\alpha=0.82$), remain liable to societal desirability, and the bidiurnal configuration, whilst practicable, may attenuate retention absent adjunctive bolsters.

These strictures notwithstanding, the ramifications are momentous for public salubrity praxis. The evinced epistemic escalations advocate embedding kin-centric pedagogy within quotidian antenatal oversight (ANC) and puerperal ministrations, consonant with a 2023 Somali inquiry by Ali et al. exhorting scalable adjuncts to surmount the 50% EBF lacuna in indigent precincts [40]. Legislators ought to prioritize subsidization for cadre capacitation and

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architectonic enablers, e.g., lactational sanctuaries in vocational environs to perpetuate yields, particularly for susceptible phalanges like post-cesarean matriarchs, wherein bespoke counseling could forestall 18-25% of cessations [41]. Clinicians must evolve toward nuanced, encumbrance-mitigating adjuncts, integrating self-assurance yardsticks to triage imperiled dyads precociously, as inaugural adversities bisect tenacity quotients [42].

Ampler corollaries protract to salubrity equity: by democratizing ingress via communal arenas, such regimens counteract urban disequilibria, germinating intergenerational cohesions, and forestalling morbidity cascades (e.g., 22% enteric jeopardy abatement). Economically, scaled EBF procures recoupment via abated salubrity encumbrances gauged at $350 per puerile annually, positioning it as a societal stake [43]. Futurity inquiries ought to deploy randomized architectures with semestral surveillance, assimilating numerical adjuncts for reinforcement, and probe cultural inflections (e.g., spousal prerogatives in diverse milieus). Ultimately, these yields propel a paradigmatic transmutation: from episodic pedagogy to systemic, empathetic ecologies, begetting salubrity generations amid fluxional kin landscapes.

V. CONCLUSIONS

In summation, this community service initiative, predicated on augmenting the resolve and proficiency of maternal and familial constituencies in effectuating exclusive breastfeeding (EBF) within Lakarsantri Subdistrict, Surabaya, through a multifaceted educational paradigm, has efficaciously redressed entrenched epistemic lacunae that impede optimal lactational praxis. By harnessing participatory counseling, demonstrative modalities, and kin-inclusive dialogues at the RW 1 Hall from September 4-5, 2023, the endeavor yielded quantifiable epistemic elevations across cardinal domains: proficiency in EBF delineations surged from a baseline 20% to 80%, preservation stratagems from 10% to 85%, modulatory constituents from 20% to 75%, and extraction proficiencies from 20% to 80%, thereby catalyzing a fourfold to eightfold amelioration in collective acumen among the 20 enrolled participants comprising matriarchs, kin, and cadres. These empirical yields, ascertained via pre- and post-intervention appraisals, not only corroborate the regimen's potency in dismantling misconceptions such as prelacteal alimentation and vocational impediments but also engender a propitious sociocultural scaffold conducive to EBF perpetuation, potentially ameliorating the locale's 34.64% nonadherence prevalence and aligning with supranational imperatives for infant salubrity. The salient congruence with theoretical scaffolds of self-assurance amplification underscores the paradigm's replicability in analogous urban precincts, wherein familial synergy attenuates psychosocial encumbrances and fortifies behavioral tenacity. Nonetheless, whilst these instantaneous cognitive dividends portend transformative praxis, prospective iterations necessitate perdurable longitudinal scrutiny to calibrate behavioral transpositions, incorporating randomized architectures with semestral EBF ubiquity metrics to elide attenuation amid vocational recommencements or puerperal adversities. Futurity endeavors ought to assimilate numerical adjuncts such as telephonic reinforcements or web-mediated modules for sustained capacitation, whilst probing cultural inflections through plurilateral phalanges encompassing spousal prerogatives, religious stewards, and vocational legislators to erect systemic ecologies. Moreover, bespoke tailoring for susceptible subsets, including primiparous or post-cesarean matriarchs, via immersive simulations or infrastructural enablers like lactational sanctuaries, will amplify equitability and ROI, mitigating enteric morbidities by 20-25% and obviating oeconomic encumbrances approximating $350 per puerile annually. Ergo, this initiative not only bridges policy-praxis interstices but also heralds a paradigmatic transmutation toward empathetic, scalable adjuncts, begetting resilient generations amid fluxional societal cadences and propelling national EBF benchmarks toward 90% ubiquity by 2030.

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DATA AVAILABILITY

No datasets were generated or analyzed during the current study.

AUTHOR CONTRIBUTION

Evi Pratami conceived and supervised the overall community service program, developed the conceptual framework, and finalized the manuscript. Rekawati S and Dina Isfentiani contributed to methodological design, participant recruitment, and on-site educational delivery. Sukesi and Kasiati were responsible for data collection, tabulation, and preliminary analysis. Dwi Purwanti and Evi Yunita Nugrahini assisted in developing educational materials and facilitating counseling sessions. Tatarini Ika Pipitcahyani and Titi Maharrani contributed to data interpretation, literature review, and manuscript editing. Novita Eka Kusuma Wardhani provided critical revisions, ensured consistency with journal standards, and approved the final manuscript for submission. All authors

reviewed and approved the final version of the manuscript and agreed to be accountable for all aspects of the work to ensure its accuracy and integrity.

DECLARATIONS

ETHICAL APPROVAL

Ethical approval is not available.

CONSENT FOR PUBLICATION PARTICIPANTS.

Consent for publication was given by all participants

COMPETING INTERESTS

The authors declare no competing interests.

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