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**The effectiveness of multilevel promotion of exclusive breastfeeding in rural Indonesia.**

[Susiloretni KA](https://www.ncbi.nlm.nih.gov/pubmed/?term=Susiloretni%20KA%5BAuthor%5D&cauthor=true&cauthor_uid=23621652), [Krisnamurni S](https://www.ncbi.nlm.nih.gov/pubmed/?term=Krisnamurni%20S%5BAuthor%5D&cauthor=true&cauthor_uid=23621652), [Sunarto](https://www.ncbi.nlm.nih.gov/pubmed/?term=Sunarto%5BAuthor%5D&cauthor=true&cauthor_uid=23621652), [Widiyanto SY](https://www.ncbi.nlm.nih.gov/pubmed/?term=Widiyanto%20SY%5BAuthor%5D&cauthor=true&cauthor_uid=23621652), [Yazid A](https://www.ncbi.nlm.nih.gov/pubmed/?term=Yazid%20A%5BAuthor%5D&cauthor=true&cauthor_uid=23621652), [Wilopo SA](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wilopo%20SA%5BAuthor%5D&cauthor=true&cauthor_uid=23621652).

**Abstract**

**PURPOSE:**

To examine the effectiveness of multilevel promotion on exclusive breastfeeding (EBF) duration and prevalence. **DESIGN:** A pretest-posttest control group design, quasi-experiment. **SETTING:** Two public health centers in the Demak District, Central Java, Indonesia. **SUBJECTS:** A total of 163 families were enrolled, including pregnant mothers, fathers, and grandmothers. **INTERVENTION:** The multilevel promotion of EBF was conducted at the subdistrict, village, family, and individual levels.This was a complex intervention that modified breastfeeding determinants, integrated multidisciplinary partnerships, and involved community leaders

(i.e., voluntary health workers, traditional birth attendants, Muslim scholars, and heads of villages). The strategies applied were advocacy, training, media, and home visit counseling. **MEASURES:** EBF duration and prevalence. **ANALYSIS:** Survival analyses, Cox proportional-hazard model. **RESULTS:** The duration of EBF increased after the multilevel promotion. The median postintervention duration in the intervention group was 18 weeks compared with .1 week in the control group (p < .001). The prevalence of EBF at 1, 8, 16, and 24 weeks for the intervention versus control groups was 75.3% vs. 28.0%, 64.2% vs. 14.6%, 50.6% vs. 8.5%, and 37.0% vs. 3.7%, respectively (p < .001). Mothers in the control group were three times more likely to stop exclusive breastfeeding per unit of time than were mothers in the intervention group (adjusted hazard ratio 3.01; 95% confidence interval: 1.96, 4.63). **CONCLUSION:** Multilevel promotion can prolong the duration and increase the prevalence of EBF.

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