Community Service

IMPLEMENTATION OF WDEP COUNSELING TO STRENGTHEN BREASTFEEDING MOTHERS' RESILIENCE AS A DISASTER EMERGENCY NURSING INTERVENTION FOR STUNTING PREVENTION

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ABSTRACT

Disaster-prone areas pose significant challenges to exclusive breastfeeding due to increased psychological stress, limited access to healthcare services, and inadequate family preparedness. These conditions may increase the risk of impaired child growth, including stunting. This community service program aimed to implement Wants, Doing, Evaluation, and Planning (WDEP) counseling to strengthen breastfeeding mothers' resilience as a Disaster Emergency Nursing intervention for stunting prevention. The program was conducted in Balai Gadang Village, the service area of Air Dingin Community Health Center, Padang City, involving 32 participants consisting of third-trimester pregnant women, breastfeeding mothers, husbands, and community health volunteers. The intervention included health education, WDEP counseling, family training, disaster preparedness simulation, and mentoring using the SIAGA ASI–WDEP Module. Program effectiveness was evaluated using a pretest–posttest design based on five indicators: knowledge of exclusive breastfeeding, knowledge of stunting prevention, breastfeeding self-efficacy, disaster preparedness, and family support. The results demonstrated significant improvements across all indicators following the intervention, with the greatest improvement observed in knowledge of stunting prevention. The SIAGA ASI–WDEP Program effectively enhanced the capacity of mothers and families to sustain exclusive breastfeeding, strengthened disaster preparedness, and supported stunting prevention efforts. This program has the potential to serve as a community empowerment model that can be replicated in other disaster-prone areas.

Keywords: exclusive breastfeeding; WDEP counseling; breastfeeding mothers' resilience; disaster emergency nursing; stunting.

INTRODUCTION

Stunting remains one of the major public health problems and is a priority in Indonesia's health development agenda. Stunting is a condition of impaired growth resulting from chronic undernutrition that occurs during the First 1,000 Days of Life (the first 1,000 days from conception to a child's second birthday), beginning in pregnancy and continuing until the child reaches two years of age (Usman et al., 2021).

Stunting affects not only physical growth but also cognitive development, learning capacity, and future work productivity, while increasing the risk of developing non-communicable diseases later in life. (Mulyani et al., 2025). One of the specific nutrition interventions proven to be effective in preventing stunting is exclusive breastfeeding during the first six months of life, followed by appropriate complementary feeding until the child reaches two years of age or beyond. (UNICEF & WHO, 2023).

Breast milk is the optimal source of nutrition for infants because it contains essential nutrients, antibodies, hormones, enzymes, and growth factors that support optimal growth and development. In addition to meeting infants' nutritional needs, breast milk provides protection against respiratory tract infections, diarrhea, and other infectious diseases that commonly contribute to growth impairment during infancy. (Joint News Release, n.d.). Successful exclusive breastfeeding plays a crucial role in achieving the national target of reducing stunting, which is one of Indonesia's public health priorities. (WHO, 2023).

Despite its well-established benefits, achieving successful exclusive breastfeeding remains challenging. Limited maternal knowledge, low breastfeeding self-efficacy, inadequate family support, and restricted access to healthcare services are among the key factors affecting successful breastfeeding practices (Lundquist et al., 2022). These challenges become even more complex for mothers living in disaster-prone areas. Emergency situations often cause psychological stress, anxiety, fatigue, displacement, and disruptions to healthcare services, increasing the risk of early cessation of exclusive breastfeeding and inappropriate use of infant formula.

Indonesia is one of the most disaster-prone countries in the world due to its location at the convergence of three major tectonic plates. Earthquakes, tsunamis, floods, and landslides occur frequently and have significant impacts on public health, particularly among vulnerable populations such as pregnant women, breastfeeding mothers, infants, and young children. (Silalahi, 2025).

During disasters, the World Health Organization (WHO) and UNICEF, through the Infant and Young Child Feeding in Emergencies (IYCF-E) guidelines, emphasize that breast milk is the safest source of nutrition for infants because it requires no clean water, sterilization equipment, or special preparation. In contrast, the use of infant formula in emergency settings increases the risk of infection and malnutrition due to inadequate sanitation and limited access to safe water. (UNICEF & WHO, 2023)

The Disaster Emergency Nursing approach plays a crucial role in protecting maternal and infant health through health promotion, disease prevention, and strengthening family disaster preparedness. One key strategy is enhancing the resilience of breastfeeding mothers to sustain exclusive breastfeeding despite disaster-related challenges. This approach aligns with the concept of community resilience, which emphasizes strengthening the

capacity of individuals, families, and communities to adapt effectively to disaster situations (Koem & Akase, 2022).

One approach with the potential to strengthen breastfeeding mothers' resilience is Reality Therapy using the WDEP (Wants, Doing, Evaluation, and Planning) technique. This approach helps mothers set goals, evaluate their current behaviors, and develop realistic action plans, thereby enhancing breastfeeding self-efficacy and motivation to sustain exclusive breastfeeding, including during disaster situations (Gusti & Elsi, 2025)

Situation Analysis

This community service program was conducted in Balai Gadang Village, within the service area of the Air Dingin Community Health Center, Padang City, an area vulnerable to floods and landslides. A preliminary assessment involving field observations, discussions with healthcare professionals, and interviews with community health volunteers revealed that many pregnant and breastfeeding mothers had limited knowledge of strategies to maintain exclusive breastfeeding during emergencies.

Most participants had never received education on lactation management in disaster settings, while family, particularly husbands, had limited involvement in supporting breastfeeding practices. In addition, community health volunteers lacked educational materials and practical guidelines to assist breastfeeding mothers in disaster-prone areas

These findings highlight the need for a community empowerment model that not only improves knowledge of exclusive breastfeeding but also strengthens psychological readiness, breastfeeding behaviors, disaster preparedness, and family support.

The SIAGA ASI–WDEP Program was developed as a Disaster Emergency Nursing intervention by integrating health education, WDEP-based counseling, family training, disaster-oriented lactation management simulations, and the development of the SIAGA ASI–WDEP Module as a sustainable educational resource. This program is expected to enhance breastfeeding mothers' resilience in maintaining exclusive breastfeeding and contribute to stunting prevention in disaster-prone communities.

Several studies have demonstrated that health education and lactation counseling contribute significantly to improving exclusive breastfeeding practices. Systematic reviews have reported that support from healthcare professionals, breastfeeding counseling, and active family involvement significantly increase mothers' success in maintaining exclusive breastfeeding.

According to the study by(Selçuk et al., 2025) breastfeeding self-efficacy is a key predictor of successful breastfeeding. Therefore, interventions that enhance mothers' confidence in their ability to breastfeed are likely to improve the continuation of exclusive breastfeeding.

Recent studies have shown that psychosocial approaches are effective strategies for improving maternal health behaviors. These findings emphasize that behavioral change is strongly influenced by an individual's confidence in their ability to perform a specific behavior (*self-efficacy*).

According to (Widodo et al., 2024) the Reality Therapy approach promotes more sustainable behavioral change by encouraging individuals to identify their needs, evaluate their current behaviors, and develop their own action plans. The WDEP (Wants, Doing, Evaluation, and Planning) approach has been widely applied to enhance motivation and decision-making in various healthcare settings; however, its implementation in community empowerment programs for breastfeeding

mothers in disaster-prone areas remains limited

Exclusive breastfeeding should remain a priority during emergencies in accordance with the **Infant and Young Child Feeding in Emergencies (IYCF-E)** guidelines, as it is the safest method of infant feeding during disasters. However, its implementation at the community level remains constrained by limited maternal education, inadequate family support, and insufficient capacity of community health volunteers to provide breastfeeding support (UNICEF & WHO, 2023).

A review of the literature indicates that most community service programs focus separately on exclusive breastfeeding education, stunting prevention, or disaster preparedness. Few programs have integrated WDEP counseling, enhancement of breastfeeding self-efficacy, family involvement, and Disaster Emergency Nursing into a single community empowerment model. This gap highlights the need for a more comprehensive intervention to strengthen breastfeeding mothers' resilience while supporting stunting prevention in disaster-prone areas.

Partner Problems

Based on the situational analysis and literature review, this community service program introduces the SIAGA ASI–WDEP (Breastfeeding Preparedness through WDEP Counseling) Program as an innovative Disaster Emergency Nursing intervention.

The program's novelty lies in integrating five key components: (1) education on exclusive breastfeeding and stunting prevention, (2) Reality Therapy using the WDEP approach, (3) enhancement of breastfeeding self-efficacy, (4) family involvement through a family-centered care approach, and (5) disaster-oriented lactation management simulation supported by the SIAGA ASI–WDEP Module as a sustainable learning resource.

This integrated approach is designed to strengthen not only knowledge but also psychological readiness, breastfeeding behavior, family support, and disaster preparedness.

A needs assessment conducted with community partners in Balai Gadang Village, within the service area of the Air Dingin Community Health Center, identified several key problems. These included limited maternal knowledge of maintaining exclusive breastfeeding during disasters, suboptimal breastfeeding self-efficacy, inadequate family support for exclusive breastfeeding, the absence of educational materials and practical modules for community health volunteers, and the lack of an integrated community empowerment program combining exclusive breastfeeding promotion with disaster preparedness within the framework of Disaster Emergency Nursing.

Proposed Solution

To address these challenges, the community service team implemented a comprehensive intervention consisting of education on exclusive breastfeeding and stunting prevention, WDEP-based counseling, training for husbands and family members as primary breastfeeding supporters, disaster-oriented lactation management simulations, post-intervention mentoring, and the development and utilization of the SIAGA ASI–WDEP Module as a practical guide for mothers, families, community health volunteers, and healthcare providers. All activities were designed using a participatory approach to encourage active engagement and promote the independent application of acquired knowledge and skills.

This community service program aimed to implement WDEP counseling to strengthen breastfeeding mothers' resilience by improving knowledge, breastfeeding self-efficacy, disaster preparedness, and

family support as part of a Disaster Emergency Nursing intervention to promote successful exclusive breastfeeding and prevent stunting in Balai Gadang Village, within the service area of the Air Dingin Community Health Center, Padang City. The program is expected to serve as an innovative, practical, and sustainable community empowerment model that can be replicated in other disaster-prone areas to strengthen community-based maternal and child health services..

METHODS

This community service program employed a community empowerment approach through health education, counseling, training, simulation, and mentoring. This approach was designed to strengthen the capacity of mothers, families, and community health volunteers to sustain exclusive breastfeeding as part of a Disaster Emergency Nursing intervention for stunting prevention.

The program was conducted in November 2025 in Balai Gadang Village, within the service area of the Air Dingin Community Health Center, Padang City. A total of **32** participants, consisting of third-trimester pregnant women, breastfeeding mothers, husbands, and community health volunteers, were recruited based on recommendations from the community health center and *Posyandu* cadres. Eligible participants were those willing to participate in all program activities through the evaluation phase.

The intervention was implemented using the SIAGA ASI–WDEP Model, which integrates health education, Reality Therapy based on the WDEP (Wants, Doing, Evaluation, and Planning) approach, family involvement, disaster preparedness simulation, and continuous mentoring. The program consisted of five stages.

Stage 1: Preparation**.** Coordination was conducted with the Air Dingin Community Health Center, the Balai Gadang Village administration, and Posyandu cadres to identify community needs, determine the implementation schedule, prepare educational materials, and develop the SIAGA ASI–WDEP Module as the program output. Evaluation instruments were also prepared, and responsibilities were assigned to the implementation team.

Stage 2: Health education**.** Participants received education on stunting prevention during the First 1,000 Days of Life, the benefits of exclusive breastfeeding, proper breastfeeding techniques, lactation management, Infant and Young Child Feeding in Emergencies (IYCF-E), and the role of family support in successful breastfeeding. Interactive lectures, group discussions, demonstrations, educational videos, and printed modules were used as learning methods.

Stage 3: WDEP counseling**.** Group and individual counseling sessions were conducted using the Reality Therapy approach. During the Wants phase, participants identified their breastfeeding goals and expectations. The Doing phase explored current breastfeeding practices, while the Evaluation phase encouraged participants to assess whether these behaviors supported their goals. Finally, in the Planning phase, participants developed realistic action plans to sustain exclusive breastfeeding, including strategies for breastfeeding during disaster situations.

Stage 4: Family training and disaster preparedness simulation**.** Husbands and other family members received training on providing emotional, informational, and practical support to breastfeeding mothers. Participants also engaged in disaster preparedness simulations covering maternal and infant evacuation, development of an emergency breastfeeding plan, maintenance of lactation in evacuation shelters, and

management of breastfeeding needs during emergencies.

Stage 5: Mentoring and evaluation. Following completion of the intervention, participants received two weeks of follow-up mentoring through home visits and communication with community health volunteers to monitor implementation of their action plans. A posttest was then administered using the same instruments as the baseline assessment.

Program effectiveness was evaluated using a pretest–posttest design. The evaluation instruments included questionnaires assessing knowledge of exclusive breastfeeding and stunting prevention, breastfeeding self-efficacy, disaster preparedness, and family support. Participant engagement during educational sessions, counseling, and simulations was also assessed using an observation checklist.

The program outcomes included improvements in knowledge of exclusive breastfeeding and stunting prevention, breastfeeding self-efficacy, family disaster preparedness, and family support for exclusive breastfeeding, as well as the development of the SIAGA ASI–WDEP Module as a sustainable educational resource for healthcare professionals, community health volunteers, and the community.

Evaluation data were analyzed descriptively using frequencies, percentages, and comparisons of pretest and posttest mean scores to assess changes across all outcome indicators. The findings were presented in tables and interpreted to evaluate the effectiveness of the SIAGA ASI–WDEP Program in strengthening breastfeeding mothers' resilience as a Disaster Emergency Nursing intervention for stunting prevention.

RESULTS AND DISCUSSION

RESULTS

The SIAGA ASI–WDEP Program was implemented with 32 participants, consisting of third-trimester pregnant women, breastfeeding mothers, husbands, and community health volunteers in Balai Gadang Village, within the service area of the Air Dingin Community Health Center, Padang City. Program effectiveness was evaluated using a pretest–posttest design to assess changes in five outcome indicators: knowledge of exclusive breastfeeding, knowledge of stunting prevention, breastfeeding self-efficacy**,** disaster preparedness, and family support**.**

Table 1. Characteristics of the Participants (n = 32)

Characteristic	Category	n	%
Age (years)	– 20–35	24	75.0
	– >35	8	25.0
Education	– Senior High School	17	53.1
	– Higher Education	15	46.9
Occupation	– Homemaker	21	65.6
	– Employed	11	43.4
Parity	– Primiparous	19	59.4
	– Multiparous	23	40.6

Based on **Table 1**, the majority of participants were 20–35 years old (75.0%), had completed senior high school education (53.1%), were homemakers (65.6%), and were primiparous (59.4%).

Table 2. Changes in Outcome Indicators Before and After the SIAGA ASI–WDEP Program (n = 32)

Variable	Pretest (Mean ± SD)	Posttest (Mean ± SD)	Mean Increase (points)	p-value

Knowledge of Exclusive Breastfeeding	66.8 ± 8.5	89.1 ± 5.9	22.3	<0.001
Knowledge of Stunting Prevention	61.9 ± 9.2	90.4 ± 5.3	28.5	<0.001
Breastfeeding Self-Efficacy	63.1 ± 7.8	87.2 ± 5.7	24.1	<0.001
Disaster Preparedness	58.7 ± 8.9	85.6 ± 6.1	26.9	<0.001
Family Support	64.5 ± 8.3	90.2 ± 5.5	25.7	<0.001

Based on Table 2, all outcome indicators showed statistically significant improvements following the implementation of the SIAGA ASI–WDEP Program ($p < 0.001$). The greatest improvement was observed in knowledge of stunting prevention (28.5 points), followed by disaster preparedness (26.9 points), family support (25.7 points), breastfeeding self-efficacy (24.1 points), and knowledge of exclusive breastfeeding (22.3 points).

DISCUSSION

1. Effect of the SIAGA ASI–WDEP Program on Knowledge of Exclusive Breastfeeding

The results showed that the participants' mean knowledge score regarding exclusive breastfeeding increased from 66.8 ± 8.5 at baseline to 89.1 ± 5.9 after participating in the SIAGA ASI–WDEP Program. This increase of 22.3 points indicates that health education integrated with WDEP counseling and the SIAGA ASI–WDEP Module effectively improved participants' understanding of the benefits of exclusive breastfeeding, appropriate breastfeeding techniques, and the importance of maintaining exclusive breastfeeding during disaster situations.

This improvement suggests that the participatory learning approach enhanced participants' ability to acquire, comprehend, and apply health information. Interactive lectures, group discussions, demonstrations, simulations, and educational modules provided meaningful learning experiences that were more effective than conventional one-way health education, enabling participants to better retain and implement the knowledge they acquired.

According to Adult Learning Theory, as described by (Hasanbasri et al., 2023), dults are more likely to acquire knowledge when learning activities are closely related to their real-life experiences, immediate needs, and problem-solving processes. In the present program, participants were not only provided with information on exclusive breastfeeding but were also encouraged to discuss potential challenges associated with breastfeeding during disasters, making the educational process more relevant and contextual.

These findings are consistent with the study by (Gusti et al., 2026), which reported that structured breastfeeding education significantly improved mothers' knowledge of exclusive breastfeeding and contributed to successful breastfeeding practices. Adequate knowledge has also been associated with higher levels of breastfeeding self-efficacy, thereby increasing the likelihood of successful exclusive breastfeeding.

The findings imply that exclusive breastfeeding education should be integrated into disaster preparedness programs at community health centers (*Puskesmas*) and *Posyandu*. Community nurses play a crucial role as health educators by improving maternal and family health literacy, thereby enabling families to sustain exclusive breastfeeding under both routine and emergency conditions.

2. Effect of the SIAGA ASI–WDEP Program on Knowledge of Stunting Prevention

The evaluation results showed that participants' mean knowledge score regarding stunting prevention increased

from 61.9 ± 9.2 at baseline to 90.4 ± 5.3 after the intervention, representing an improvement of 28.5 points, the largest increase among all outcome indicators. This finding indicates that participants gained a better understanding of the importance of the First 1,000 Days of Life, exclusive breastfeeding, child growth monitoring, and the role of family support in preventing stunting.

Conceptually, increased knowledge is the first step toward achieving positive health behavior change. According to the Health Behavior Theory, as described by (Kholid, 2023) knowledge influences individuals' attitudes, motivation, and decision-making in adopting healthy behaviors. Therefore, improved understanding of stunting risk factors is expected to strengthen mothers' and families' commitment to maintaining exclusive breastfeeding as an effective nutrition-specific intervention for stunting prevention.

The World Health Organization (WHO, 2023) identifies exclusive breastfeeding during the first six months of life as one of the most effective interventions for preventing growth faltering and reducing the risk of stunting. Furthermore, stunting prevention requires a multisectoral approach that extends beyond adequate nutrition to include improved family knowledge, healthy behaviors, and access to quality healthcare services. Consequently, education on stunting prevention is a fundamental component of family capacity building.

The present findings suggest that integrating stunting prevention with exclusive breastfeeding education provides participants with a more comprehensive understanding than addressing either topic separately. This integrated approach enhances family preparedness to adopt appropriate childcare and feeding practices that promote optimal child growth while strengthening stunting prevention efforts beginning in pregnancy

3. Effect of the SIAGA ASI–WDEP Program on Breastfeeding Self-Efficacy

Participants' breastfeeding self-efficacy improved from 63.1 ± 7.8 at baseline to 87.2 ± 5.7 after the implementation of the SIAGA ASI–WDEP Program, representing an increase of 24.1 points. This finding indicates that Reality Therapy using the WDEP approach effectively strengthened mothers' confidence in their ability to maintain exclusive breastfeeding despite various challenges.

According to Bandura's Self-Efficacy Theory (Bandura, 2021), individuals' beliefs in their capabilities play a fundamental role in determining successful behavioral change. People with higher self-efficacy are more motivated, better able to overcome barriers, and more committed to achieving their goals. In this program, each stage of the WDEP approach encouraged participants to identify their goals, evaluate their current behaviors, and develop realistic action plans, thereby enhancing their confidence in breastfeeding.

These findings are consistent with previous evidence. A meta-analysis by Brockway et al. (2017) found that educational interventions, breastfeeding counseling, home visits, and peer support significantly improve breastfeeding self-efficacy and increase exclusive breastfeeding rates. Similarly, Selçuk et al. (2025) identified breastfeeding self-efficacy as one of the strongest predictors of successful exclusive breastfeeding. In addition, Gusti et al. (2026) reported that integrating breastfeeding education with disaster preparedness significantly improved mothers' breastfeeding self-efficacy in disaster-prone communities.

These findings suggest that WDEP counseling can serve as an effective community nursing intervention to strengthen the psychological resilience of breastfeeding mothers, particularly among

populations living in disaster-prone areas. By enhancing mothers' confidence in their ability to breastfeed under challenging circumstances, the intervention contributes to sustaining exclusive breastfeeding and supports broader efforts to prevent stunting.

4. Effect of the SIAGA ASI–WDEP Program on Disaster Preparedness

Participants' disaster preparedness scores increased from 58.7 ± 8.9 at baseline to 85.6 ± 6.1 after the intervention, representing an improvement of 26.9 points. This finding indicates that the educational sessions and disaster preparedness simulations effectively enhanced participants' ability to develop emergency plans, protect mothers and infants, and maintain breastfeeding practices during disaster situations.

From the perspective of Disaster Emergency Nursing, disaster preparedness refers to the capacity of individuals and families to recognize potential risks, develop emergency plans, and take appropriate actions during disasters. Adequate preparedness reduces the adverse health impacts on vulnerable populations, including breastfeeding mothers and infants. The simulation activities provided participants with practical experience, enabling them to better understand appropriate responses and breastfeeding management during emergencies.

The Infant and Young Child Feeding in Emergencies (IYCF-E) guidelines developed by WHO and UNICEF emphasize that protecting breastfeeding practices is a critical component of disaster response because breast milk is the safest and most reliable source of infant nutrition during emergencies (WHO, 2023; UNICEF, 2021). recommends integrating infant feeding support into emergency preparedness and response to minimize the risks of malnutrition and infectious diseases among infants in disaster-affected populations.

These findings suggest that integrating disaster preparedness education with breastfeeding support can strengthen families' capacity to protect maternal and infant health during emergencies. Incorporating breastfeeding preparedness into community-based Disaster Emergency Nursing programs may therefore improve family resilience and contribute to maintaining optimal infant feeding practices in disaster-prone areas. (Prevention, 2022).

The findings suggest that breastfeeding preparedness should be incorporated into routine programs at community health centers (Puskesmas), Posyandu, and disaster-resilient village initiatives to strengthen community capacity to protect maternal and infant health during disasters.

5. Effect of the SIAGA ASI–WDEP Program on Family Support

The evaluation results showed that the mean family support score increased from 64.5 ± 8.3 at baseline to 90.2 ± 5.5 after the intervention, representing an improvement of 25.7 points. This finding indicates that involving husbands and other family members throughout the program effectively enhanced emotional, informational, appraisal, and practical support for breastfeeding mothers.

According to the Family-Centered Care framework, successful health behavior change depends not only on the individual but also on the family as the primary support system. Husbands and family members play an essential role in motivating mothers, helping them overcome breastfeeding challenges, and creating a supportive environment that promotes successful exclusive breastfeeding (Rhamawan & Purba, 2026)

Previous studies have consistently demonstrated that family support is a key determinant of exclusive breastfeeding success because it enhances maternal

motivation and breastfeeding self-efficacy. Likewise, mothers with greater knowledge of breastfeeding are more likely to receive stronger family support, thereby increasing the likelihood of maintaining exclusive breastfeeding.

These findings suggest that exclusive breastfeeding promotion programs in disaster-prone communities should adopt a family-centered care approach by actively engaging husbands, family members, community health volunteers, and healthcare professionals. Such an approach can strengthen family resilience, support the continuation of exclusive breastfeeding during emergencies, and contribute to sustainable stunting prevention efforts.

CONCLUSION

The implementation of the SIAGA ASI–WDEP Program through health education, WDEP counseling, family training, and disaster preparedness simulation effectively improved participants' knowledge of exclusive breastfeeding, knowledge of stunting prevention, breastfeeding self-efficacy**,** disaster preparedness, and family support in Balai Gadang Village. The program demonstrates the potential of Disaster Emergency Nursing to strengthen breastfeeding mothers' resilience in sustaining exclusive breastfeeding and supporting stunting prevention in disaster-prone communities.

RECOMMENDATIONS

The SIAGA ASI–WDEP Program should be implemented sustainably through collaboration among community health centers, community health volunteer, and local government. Future programs should involve larger populations and include long-term evaluations of exclusive breastfeeding practices and children's nutritional status to further strengthen the evidence for the program's effectiveness in preventing stunting..

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