

Application of Oketani Massage as a Complementary Therapy to Support Exclusive Breastfeeding Among Postpartum Mothers at a Community Health Post in Bogor, Indonesia

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ABSTRACT

Exclusive breastfeeding is a key public health strategy to improve maternal and infant health outcomes. However, postpartum mothers often experience lactation problems such as inadequate milk production, breast engorgement, and discomfort, which may hinder successful breastfeeding practices. This community service program aimed to apply Oketani massage as a complementary therapy to support exclusive breastfeeding among postpartum mothers at a community health post (Posyandu) in Bogor, Indonesia. The program was conducted as a single-group a community-based promotive and preventive approach involving health education, demonstration, and guided practice of Oketani massage techniques. Participants consisted of five postpartum mothers. Evaluation was conducted using oral pre-test and post-test assessments and direct observation of participants' skills. The results showed that prior to the intervention, all participants (5 mothers, 100%) had no knowledge of Oketani massage. After the demonstration and guided practice, all participants were able to explain the definition, benefits, objectives, and procedures of Oketani massage. Participants also reported greater confidence in applying the massage technique to support breastfeeding. These findings suggest that Oketani massage education through demonstration is a simple and feasible complementary intervention that can be integrated into community-based maternal health services to support exclusive breastfeeding practices.

Keywords: *Exclusive Breastfeeding, Oketani Massage, Complementary Therapy, Postpartum Mothers, Community Service*



INTRODUCTION

Exclusive breastfeeding for the first six months of life is strongly recommended to ensure optimal infant growth, development, and survival, while also providing long-term health benefits for mothers. Breastfeeding contributes to improved immunity, reduced risk of infectious diseases in infants, and enhanced maternal health outcomes. Despite extensive promotion, the achievement of exclusive breastfeeding remains inconsistent, particularly at the community level.

Postpartum mothers frequently encounter lactation-related challenges, including insufficient milk production, breast engorgement, nipple pain, and psychological stress. These conditions may reduce maternal confidence and motivation to continue breastfeeding, potentially leading to early cessation of exclusive breastfeeding. Community-based maternal health services, such as integrated health posts (Posyandu), play a crucial role in supporting breastfeeding practices; however, most activities focus primarily on counseling and health education, with limited emphasis on practical skill-based interventions.

Complementary and non-pharmacological approaches that are safe, simple, and acceptable to mothers are needed to address lactation problems at the community level. Oketani massage is a complementary therapy involving manual breast massage techniques designed to improve breast tissue elasticity, stimulate milk flow, and reduce breast discomfort. Previous studies have suggested that Oketani massage may enhance milk production and maternal comfort during breastfeeding, yet its application in community health settings remains limited.

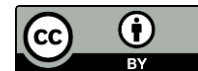
Based on these considerations, this community service program aimed to apply Oketani massage through education and demonstration to support exclusive breastfeeding among postpartum mothers at a community health post in Bogor, Indonesia. The program highlights the practical contribution of complementary therapy in strengthening community-based maternal health services.

METHODS

Design and Approach: This activity was conducted as a community service program using a promotive and preventive approach. The program emphasized community engagement, practical skill development, and maternal empowerment in breastfeeding support.

Location and Participants: The program was implemented at Posyandu Mawar A, Tanah Sareal District, Bogor City, Indonesia. Participants consisted of five postpartum mothers who attended the community health post during the activity period. Participants were recruited using convenience sampling based on attendance at the health post.

Intervention Procedure: The intervention consisted of health education followed by demonstration and guided practice of Oketani massage techniques. The educational session covered the importance of exclusive breastfeeding, common lactation problems, and the basic principles and benefits of Oketani massage. The Oketani massage demonstration was performed by trained health personnel (lecturer with breastfeeding counseling experience). The massage technique included seven sequential steps aimed at separating and stimulating the mammary glands, followed by an additional step for expressing milk from both the right and left breasts. The massage was performed using gentle and rhythmic hand movements according to standard operational procedures (SOP). Before the massage procedure, participants were informed about the intervention and provided informed consent. Privacy and comfort of participants were maintained throughout the procedure.



Hand hygiene was performed before and after the massage. Each massage session lasted approximately 10-15 minutes per breast. The massage was demonstrated directly without the use of specialized equipment. Participants were then guided to practice the massage individually under supervision. During the guided practice, participants received direct correction regarding hand positioning, pressure application, and movement sequence. In this program, participants were advised to perform Oketani massage starting from the first to the third or fifth day postpartum or later to stimulate breast milk production. The massage can be performed one to two times daily, with approximately 10-15 minutes allocated for each breast.

Evaluation: Program evaluation was carried out using oral questioning to assess participants' understanding of the material and direct observation using a skills checklist to evaluate participants' ability to perform Oketani massage techniques. Informal feedback regarding participants' comfort and confidence during breastfeeding was also collected after the activity.

Ethical Consideration : Participants received explanations regarding the objectives and procedures of the activity before participation. Written informed consent was obtained from all participants. Participation was voluntary, and participants were allowed to withdraw at any time. Privacy and comfort of participants were maintained during the intervention. The activity was conducted with the acknowledgment and support of the Posyandu cadre.

RESULTS

The community service program was implemented as planned and involved five postpartum mothers who actively participated throughout all stages of the activity. During the educational session, participants demonstrated active engagement through their responses to questions related to exclusive breastfeeding and common lactation problems. Evaluation of participants' knowledge regarding Oketani massage was conducted before and after the intervention using oral questioning. The results showed that prior to the intervention, none of the participants had knowledge regarding Oketani massage. After the educational session, demonstration, and guided practice, all participants were able to explain the definition, benefits, objectives, and procedures of Oketani massage.

Table 1. Participants Knowledge of Oketani Massage Before and After Intervention

Knowledge Indicator	Before Intervention n (%)	After Intervention n (%)
Understanding definition of Oketani massage	0 (0%)	5 (100%)
Understanding benefits of Oketani massage	0 (0%)	5 (100%)
Understanding objectives of Oketani massage	0 (0%)	5 (100%)
Understanding massage procedures	0 (0%)	5 (100%)
Total	0%	100%

Evaluation of participants' skills was conducted through direct observation using a skills checklist during guided practice sessions. The observation results indicated that before the intervention, none of the participants were able to perform the massage technique. After the demonstration and supervised practice, all participants were able to perform Oketani massage correctly, including proper hand positioning, movement sequence, and pressure application.



Table 2. Participants Skills in Performing Oketani Massage

Skill Indicator	Able Before n (%)	Able After n (%)
Correct hand positioning	0 (0%)	5 (100%)
Correct massage movement sequence	0 (0%)	5 (100%)
Appropriate pressure application	0 (0%)	5 (100%)
Total	0%	100%

In addition to objective evaluation, participants reported subjective improvements after the activity. Several mothers expressed increased comfort in the breast area and greater confidence in continuing exclusive breastfeeding. The interactive approach combining education, demonstration, and direct practice appeared to facilitate active learning and improve mothers' self-efficacy in breastfeeding support.

Overall, the findings indicate that the implementation of Oketani massage education in a community health post setting is feasible, well accepted by postpartum mothers, and potentially beneficial as a supportive component of community-based breastfeeding promotion programs.

DISCUSSION

The results of this community service program demonstrate that combining health education, demonstration, and guided practice is an effective approach to improving mothers' knowledge and practical skills related to breastfeeding support. The active involvement of participants in learning and practicing Oketani massage enabled postpartum mothers to better understand both the technique and its potential benefits for lactation comfort and breast milk flow. The improvement observed after the intervention indicates that participatory learning methods can enhance knowledge retention and skill acquisition in maternal health education programs.

Oketani massage, as a complementary and non-pharmacological intervention, offers a practical solution to common lactation problems frequently experienced by postpartum mothers. Its application at the community level is particularly relevant because it can be easily introduced within routine activities at community health posts without requiring complex equipment or specialized facilities. These findings are consistent with previous studies suggesting that manual breast massage techniques may support maternal comfort and improve breastfeeding confidence. To improve clarity and presentation of qualitative findings, the key outcomes of this activity are summarized in table 3.

Table 3. Summary of Key Outcomes of the Oketani Massage Education Program

Outcome Category	Findings
Knowledge improvement	All participants (5 mothers; 100%) understood the definition, benefits, objectives, and procedures of Oketani massage after the intervention
Skill acquisition	All participants (5 mothers; 100%) were able to perform the massage technique correctly based on the observation checklist



Participant acceptance	Participants demonstrated high engagement during education and guided practice sessions
Subjective benefits	Participants reported increased breast comfort and improved confidence in breastfeeding

The positive responses observed among participants, including increased comfort and confidence in breastfeeding, suggest that practical skill-based interventions can enhance maternal self-efficacy. Maternal confidence and physical comfort are important determinants of sustained exclusive breastfeeding, particularly during the early postpartum period when mothers are more vulnerable to lactation challenges.

Despite the positive outcomes, several limitations must be acknowledged. The number of participants was limited (n=5), which restricts the generalizability of the findings and indicates that the results should be interpreted within the scope of community service activities rather than as broadly generalizable scientific evidence. Additionally, part of the evaluation relied on observational assessment and informal participant feedback, which may introduce subjectivity and response bias. The absence of a control group also limits the ability to establish causal relationships between the intervention and the observed outcomes.

Nevertheless, the findings provide valuable preliminary insights into the feasibility and acceptability of integrating Oketani massage into community-based maternal health promotion programs.

Future community service activities are recommended to involve larger sample sizes, utilize standardized measurement instruments, and incorporate comparative or longitudinal evaluation designs to strengthen the evidence base and support the integration of complementary therapies in community maternal health services.

CONCLUSIONS

The implementation of Oketani massage education through community-based demonstration and guided practice improved postpartum mothers' knowledge and skills related to breastfeeding support. Participants also reported increased comfort and confidence in breastfeeding after the intervention. Within the scope of this community service activity, Oketani massage education appears to be a feasible complementary approach for breastfeeding support at community health posts. However, the findings are limited by the small number of participants and the use of observational evaluation methods. Further studies involving larger sample sizes and more rigorous evaluation designs are recommended to strengthen the evidence base.

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REFERENCES

Abou-Dakn, M., Richardt, A., Schaefer-Graf, U., & Wöckel, A. (2010). Effect of breast massage on lactation. *Journal of Perinatal Medicine*, 38(4), 391–396. <https://doi.org/10.1515/JPM.2010.065>



- Dennis, C. L. (2002). Breastfeeding self-efficacy: Conceptual framework and measurement. *Journal of Human Lactation*, 18(2), 154–165. <https://doi.org/10.1177/089033440201800206>
- Dewita, D., Nurfadillah, N., Nora Veri, & Henniwati. (2022). *The Effect of Oketani Massage on the Prevention of Breast Engorgement in Postpartum Mothers*. *Jurnal Kebidanan*, 12(1), 26–33. <https://doi.org/10.35874/jib.v12i1.1011>
- Dinas Kesehatan Provinsi Jawa Barat. (2022). *Health profile of West Java Province in 2021*. Dinas Kesehatan Provinsi Jawa Barat.
- Kementerian Kesehatan Republik Indonesia. (2021). *Indonesia's health profile in 2020*. Kementerian Kesehatan Republik Indonesia.
- Kementerian Kesehatan Republik Indonesia. (2022). *National guidelines for maternal and child health services*. <https://www.kemkes.go.id>
- Kementerian Kesehatan Republik Indonesia. (2023). *Buku kesehatan ibu dan anak (KIA) (Edisi revisi)*. Kementerian Kesehatan Republik Indonesia.
- Roesli, U. (2022). *Understanding exclusive breastfeeding and lactation management*. Pustaka Bunda.
- Sari, N., & Handayani, R. (2022). The effectiveness of Oketani massage in increasing breast milk production in breastfeeding mothers. *Jurnal Kesehatan Ibu dan Anak*, 16(1), 45–52.
- Tewari, S., & Sharma, S. (2020). Non-pharmacological interventions to improve lactation performance. *International Journal of Nursing Sciences*, 7(3), 317–322. <https://doi.org/10.1016/j.ijnss.2020.06.004>
- UNICEF. (2021). *Breastfeeding: A mother's gift, for every child*. <https://www.unicef.org/reports/breastfeeding-mothers-gift-every-child>
- Utami, D. (2023). *The application of Oketani massage therapy to improve breast milk flow in postpartum mothers*. *Journal of Midwifery and Traditional Health*, 8(1), 30–37.
- Victora, C. G., Bahl, R., Barros, A. J. D., França, G. V. A., Horton, S., Krasevec, J., ... Rollins, N. C. (2016). Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. *The Lancet*, 387(10017), 475–490. [https://doi.org/10.1016/S0140-6736\(15\)01024-7](https://doi.org/10.1016/S0140-6736(15)01024-7)
- Walyani, E. S., & Purwoastuti, T. E. (2021). *Postpartum and breastfeeding midwifery care*. Pustaka Baru Press.
- World Health Organization. (2023). *Exclusive breastfeeding for optimal growth, development and health of infants*. <https://www.who.int/tools/elena/interventions/exclusive-breastfeeding>