

EVALUATION OF IMTASIE HEALTH EDUCATION MODEL BASED ON KAILI CULTURE TO IMPROVE MOTHER BEHAVIOR IN EXCLUSIVE BREASTFEEDING

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ABSTRACT

The achievement of exclusive breastfeeding in Indonesia is still very low, namely 52% and Central Sulawesi is only 55% far from WHO's target, namely 90% of the number of live births must receive breast milk, the causes are culture, myths, knowledge and attitudes of mothers. The aim of this research is to evaluate a health education model regarding exclusive breastfeeding behavior as a basis for the success of achieving exclusive breastfeeding targets by applying a culture-based health education model that has been tested through research. Quantitative evaluation of the health education model with a quasi-experimental pre-test and post-test with a control group. Data was collected during the pre-test, intervention and post-test. The sample of 84 people was divided into two groups, 42 people in the intervention group and 42 people in the control group, taken purposively according to the inclusion criteria. The intervention group received IMTASIE health education. All data were collected by nurse trainers. The main research variables include myths, culture, knowledge, attitudes, practices and behavior of exclusive breastfeeding. The quantitative study results of the developed IMTASIE model significantly affected breastfeeding practice for one month with a p-value of 0.001 (<0.05). There is a significant effect with a p-value = 0.001 from the interventions carried out by nurses on increasing the practice of exclusive breastfeeding in the first month of life. IMTASIE and its tools can be used in nursing care services individually or in groups. They can be carried out in the community or at puskesmas to improve special group nursing care services and improve the quality of life of mothers and babies at an age prone to exclusive breastfeeding due to the influence of myths, culture and knowledge from family.

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INTRODUCTION

Breast milk (ASI) is the perfect food for babies, both in quality and quantity. It has a balanced composition and is adjusted to the baby's growing needs. Breast milk as a single food will be enough to meet the needs of normal growing babies until six months (Ramli, 2020).

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Proper breastfeeding practices for the first six months of life are the most important and cost-effective to reduce morbidity and mortality rates in children. However, exclusive breastfeeding compliance in various countries has yet to be satisfactory. The WHO target for exclusive breastfeeding (EBF) is 90%. However, some researchers report that the results of their research on exclusive breastfeeding in Nigeria are only 19% (Islam et al., 2017), 5,3% in Iran (Olang et al., 2012), 43,1% in Malaysia (Tan, 2011), and 13,8% at Canada (Ghwass & Ahmed, 2011).

Research conducted on mothers from Vietnam who live in California, United States, from 133 respondents found 75% breastfed in the hospital and only 33% exclusively breastfed. In Asia, only 5.3% of infants continued to be breastfed without supplementation, 26.3% were breastfed and formula-breasted, and 68.4% were entirely formula-only. The results of this study are used as a reference by Santa Clara Country Woman, Infant and child or SCCWIC (Hagos & Tadesse, 2020). A related study on breastfeeding behaviour in rural China found that almost all babies (95.5%) were breastfed, but only 4.2% were obtained exclusively out of a sample of 340.000 mothers (Iis & Rohaeni, 2022).

The target of exclusive breastfeeding in Indonesia in 2014 was 80% of live births. The coverage of exclusive breastfeeding in Indonesia in 2012 (48.62%), 2013 (54.3%) and 2014 (52.3%). This data indicates that the coverage of exclusive breastfeeding in Indonesia still needs to achieve the expected targets (Indonesian Health Profiles 2012, 2013 and 2014).

The practice of exclusive breastfeeding in Duzce, Turkey, found that only 22.4% of 158 samples exclusively breastfed infants aged less than or equal to 6 months. The causes of early termination of breastfeeding are less milk production (38.1%) and babies not drinking breast milk (14.3%), of which half are recommended to use formula milk by doctors who practice privately (Karaçam & Sağlık, 2018).

Based on the results of the 2012 IDHS, breastfeeding at the age of 0-1 month (50.8%), 2-3 months (48.9%), and 4-5 months (27.1%). There were (7.9/8%) of infants aged 4-5 months given other milk, and (7.9/8%) given water. Breastfeeding is higher in rural areas compared to urban areas, inversely proportional to childbirth assistance carried out by health workers (91.8%) and in health facilities that are high in urban areas (80%) compared to rural areas (74.6%) (Riskseda, 2010). Exclusive breastfeeding in Palu City, Central Sulawesi Province, in 2012 was only 55.7% of 1,270 babies (Palu, 2020).

The practice of breastfeeding in a hospital involving 9 participants at RSU A in the city of Palu revealed that postpartum mothers exclusively breastfed no babies for various reasons, including breast milk has not come out, new milk has come out, and the amount only minor, and babies cry continuously because of hunger (Masyarakat, 2020).

A study conducted by researchers in 2008 in Parigi Moutong (36 infants aged 0-6 months) revealed that only two babies were exclusively breastfed out of 36 infants aged 1-6 months. This is because the mother works as a farmer who helps her husband plant rice in the fields. The mother also does not know how to milk correctly or store breast milk. This research was conducted on ethnic Balinese in the Parigi Moutong district, Central Sulawesi Province (Masyarakat, 2020).

Health workers play an essential role in maintaining the desire of mothers to breastfeed their babies while in the hospital. A consistent approach to helping mothers breastfeed is essential. Establishing breastfeeding protocols in a hospital environment can help standardize counselling and minimize conflicting information (MIFTAHUL RESKI PUTRA NASJUM, 2020).

METHODS

This research is a quantitative research with a quasi-experimental pre test and post test approach with control group. Research Instrument; The instrument is a Gutman scale questionnaire with yes or no answer options. If the statement is positive and the respondent answers yes or true, then the score is one and if the respondent answers no or false, it will get a score of zero. However, on the other hand, if the statement is negative, the respondent answers yes or true, the value will be zero, whereas if the respondent answers no, the value will be one. Based on statistical tests, it is stated that the instrument used has been tested for validity and reliability (Cronbach Alpha). Of the 157 statements, the number of valid and reliable statements was 35, so instrument testing was repeated, and there were 70 valid and reliable statements. Next, the respondents' answers were scored and then analyzed using the Chi square test statistic. Data Collection Procedures; Respondents consisted of 2 groups, namely the group that received treatment or intervention, and a comparison group as control. Recruitment of comparison respondents still refers to the inclusion criteria, in the same area as where this research was conducted. The number of respondents each was 42 breastfeeding mothers, then the nurse intervened and Next, both groups were evaluated in providing exclusive breastfeeding. Data analysis was chi square to determine the relationship between breastfeeding practice behavior or not practicing exclusive breastfeeding (one month). This statement is used in research.

RESULTS AND CONCLUSIONS

Results

Characteristics of Respondents

This study has the characteristics of the respondents, namely age, education, work, non-formal education, religion, and everyday language used at home. The characteristics of the respondents can be seen in table 1 below:

Table 1 Characteristics of Respondents Based on Age, Education, Occupation, Non-Formal Education, Religion, and Everyday Language in the Intervention and Control Groups M Health Center in 2017

Variables	Category	Intervention		Control		P value
		N	%	n	%	
Age	Risk	7	16,7	18	42,9	0,017
	Not risky	35	83,3	24	57,1	
Education	Elementary	12	28,6	27	64,3	0,002
	Intermediate/Higher	30	71,4	15	35,7	
Work	Does not work	4	9,5	0	0,0	0,124
	Work	38	90,5	42	100,0	

Non-formal education	Course	7	16,7	3	7,1	0,343
	Training	0	0,0	1	2,4	
	pregnant class	18	42,9	23	54,8	
Religion	Never	17	40,5	15	35,8	0,211
	Islam	42	100,0	39	92,9	
	Christian	0	0,0	1	2,4	
Every day language	Hindu	0	0,0	2	4,8	0,538
	Area	11	26,2	15	35,7	
	Indonesia	9	21,4	6	14,3	
	Daerah+Indonesia	22	52,4	21	50,0	

Based on table 1, the proportion of mothers aged 20 – 35 years (not at risk) in the intervention group was 83.3%, while in the control group, it was 57.1%. Educationally, 71.4% of mothers in the intervention group were secondary/higher, while in the control group, those with secondary education were 35.7%. The proportion of working mothers in the intervention group was 90.5%, while in the control group, 100% were working mothers. 42.9% of the intervention group mothers attended the pregnant women's class, while in the control group, who attended the pregnant women's class, 54.8%. All mothers in the intervention group were Muslims, while in the control group, 92.9% were Muslims. Regional and Indonesian languages were more frequently used colloquialisms in both the intervention and control groups.

Table 2. Characteristics of Respondents Based on Myths, Culture, Knowledge and Attitudes Before Intervention in the Intervention Group and Control of Exclusive Breastfeeding at Puskesmas M in 2017.

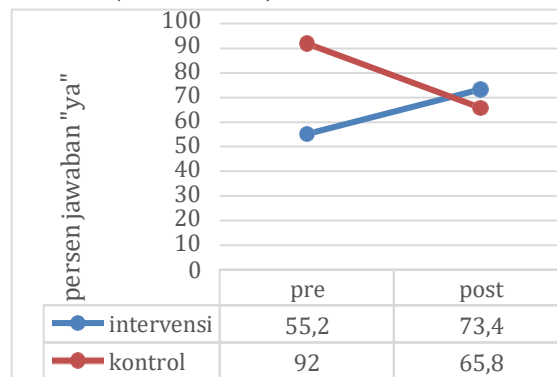
Variable	Intervention (n=42)	Control (n=42)	P value
	Renata (SD)	Renata (SD)	
Myth	4,3 (2,1)	4,9 (2,2)	0,173
Culture	6,7 (2,3)	7,0 (2,1)	0,571
Know	11,6 (5,3)	16,9 (3,0)	<0,001
Attitude	5,5 (2,1)	8,4 (1,5)	<0,001

Table 2 shows that the average maternal myth in the intervention group was 4.3 with a standard deviation of 2.1, while in the control group, it was 4.9 with a standard deviation of 2.2. The cultural mean in the intervention group was 6.7 with a standard deviation of 2.3, and in the control group was 7 with a standard deviation of 2.1. The mean knowledge in the intervention group was 11.6 with a standard deviation of 5.3; in the control group, it was higher, namely 16.9 with a standard deviation of 3. The mean attitude in the intervention group was 5.5, with a standard deviation of 2.1, while the mean attitude in the control was 8.4, with a standard deviation of 1.5.

Practice Of Exclusive Breastfeeding (One Month)

Exclusive breastfeeding in this study was only evaluated for one month because this time greatly determines the continuation of the mother's practice of exclusive breastfeeding. If the mother has failed to give IMD and colostrum (IMD is given immediately after birth, and claustrum is given 3-7 days after live birth), then exclusive breastfeeding will also fail. The practice of exclusive breastfeeding can be seen in graph one below:

Graph 1. The practice of Exclusive Breastfeeding of Pre (plan) Intervention and Control Groups in Post (realization) at Puskesmas M in 2017.



In the intervention group, there was a difference in the proportion of actions/practices towards exclusive breastfeeding before and after the intervention. However, in the control group, there was a decrease in the proportion of actions/practices towards breastfeeding (the desire to breastfeed exclusively was quite large, but the reality was small). The intervention group, pre-55.2 %, rose to 73.4% after the intervention. The pre-92% control group decreased to 65.8%.

Table 3. Variables Affecting Exclusive Breastfeeding at Puskesmas M in 2017.

Category	Variables	Breastfeeding practices				P value
		Yes (n=62)		No (n=22)		
		n	%	n	%	
Age	Risky	17	68,0	8	32,0	0.605
	Not at Risk	45	76,3	14	23,7	
Pendidikan	Base	29	74,4	10	25,6	1,000
	Medium/high	33	73,3	12	26,7	
Work	Work	58	72,5	22	27,5	0.523
	Does not work	4	100,0	0	0,0	
Group	Control	26	61,9	16	38,1	0.026
	Intervention	36	85,7	6	14,3	
Plans for exclusive breastfeeding	Yes	46	75,4	15	24,6	0,791
	No	16	69,6	7	30,4	

Description: *calculated using chi-square test

Table 3 shows that the proportion of mothers aged 20-25 years giving exclusive breastfeeding is 76.3%, while mothers aged <20 years and >35 years who give exclusive breastfeeding is 68%. The proportion of mothers who gave exclusive breastfeeding with almost the same secondary/high and basic education level, namely 73.3% and 74.4%. 100% of mothers who do not work give exclusive breastfeeding, while only 72.5% of mothers who do not work. The proportion of mothers who gave exclusive breastfeeding from the intervention group was 85.7%, while in the control group, it was 61.9%. The proportion of mothers who, during pregnancy, planned to give exclusive breastfeeding and, after birth, were given exclusive breastfeeding was 75.4%. In comparison, those who did not plan to give exclusive breastfeeding and after birth gave exclusive breastfeeding was 69.6%.

Table 4. Variables Affecting Exclusive Breastfeeding at Puskesmas M in 2017

Variables	Breastfeeding practices		P value
	Yes (n=62)	No (n=22)	
	Average (Standard deviation)	Average (Standard deviation)	
Myth	5,0 (2,1)	3,7 (2,1)	0.021
Culture	7,2 (2,1)	5,9 (2,3)	0.015
Breastfeeding knowledge	14,3 (4,9)	14,2 (5,4)	0.970
Attitude	6,7 (2,4)	7,9 (1,9)	0.031

Table 4 shows that the average myth for mothers who give exclusive breastfeeding is 5.0 with a standard deviation of 2.1, while for mothers who do not give exclusive breastfeeding, it is only 3.7 with a standard deviation of 2.1. The cultural mean for mothers who give exclusive breastfeeding is 7.2, with a mean distribution of 2.1, while for mothers who do not give exclusive breastfeeding, it is 5.9, with a standard deviation of 2.3.

The mean knowledge of mothers who give exclusive breastfeeding is almost the same as mothers who do not, namely 14.3 and 14.3, with a standard deviation of 4.9 and 5.4. The mean attitude of mothers who give exclusive breastfeeding is lower than those who do not.

Multivariate analysis using logistic regression. The variables that go into the model are group, age, education, breastfeeding plan, myths, attitudes and culture. After analysis, the following model was obtained:

Table 5. Full Model Faktor Prediktor Pemberian ASI Eksklusif di di Puskesmas M Tahun 2017

Variables	OR	95%CI	P value
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Intervention Group	23,2	2,0 – 275,8	0,013
Age	0,6	0,1 – 2,4	0,465
Education	0,7	0,2 – 2,7	0,605
Exclusive Breastfeeding Plan	32,6	2,4 – 436,8	0,009
Breastfeeding Myths	1,4	1,0 – 2,0	0,093
Breastfeeding Attitude	0,7	0,4 – 1,1	0,152
Culture	1,3	0,9 – 1,8	0,232

After that, the insignificant variables were removed, and the final model was obtained as follows:

Table 6. Final Model of Predictor Factors for Exclusive Breastfeeding at M Health Center in 2017.

Variable	OR	95%CI	P value
Intervention Group	15,6	1,6 – 155,2	0,019
Exclusive Breastfeeding Plan	27,4	2,3 – 320,7	0,008
Breastfeeding Myths	1,6	1,2 – 2,1	0,002
Breastfeeding Attitude	0,7	0,4 – 1,1	0,095

The predictor variables of exclusive breastfeeding from the results of the multivariate analysis after being controlled by age and education variables were the predictor variables significantly related to exclusive breastfeeding: the treatment group, the desire to give exclusive breastfeeding, myths and attitudes.

Mothers who received the intervention were 15.6 times more likely (95% CI = 1.6 – 155.2) to breastfeed their babies than mothers who did not exclusively. Mothers who, during pregnancy, had plans to give exclusive breastfeeding were 27.4 times higher (95% CI=2.3 – 320.7) to give exclusive breastfeeding than mothers who did not have the will to give exclusive breastfeeding during pregnancy. Mothers who will give exclusive breastfeeding increased 1.6 times for every change/increase of one unit/myth score. Mothers who will give exclusive breastfeeding increased 0.7 times for every change/increase of 1 unit/attitude score.

The most dominant predictor factor in exclusive breastfeeding is the plan to give exclusive breastfeeding. If a mother during pregnancy has planned to give exclusive breastfeeding to her baby in the future, it is very likely that after giving birth, she will give exclusive breastfeeding to her child. The second factor is the treatment group. Based on the analysis results, it is clear that the group that was given the intervention gave more exclusive breastfeeding.

Discussion

Based on the results of the research on the model test, it was found that the practice of breastfeeding for the first month increased from 55.2% before the intervention was carried out to 73.4% after the intervention was carried out, but in the control group, there was a decrease in the percentage from 92% who answered yes to 65.8%. These statistical results prove that if a behaviour change is planned, it will produce the desired change, as is the behaviour of breastfeeding mothers in Taipa, with the habit of giving pagata bananas to babies under 6 months of age, not giving pagata bananas, and only giving breast milk and giving formula milk, due to the condition of the mother and baby which does not allow for exclusive breastfeeding (one month). The predictor variables for exclusive breastfeeding were IMTASIE intervention, desire to breastfeed and breastfeeding myths.

Another study on breastfeeding practices conducted on 210 women in Kelantan, Malaysia, identified 97.1% breastfeeding in the first month. The prevalence of exclusive breastfeeding at one month was 54.4%. Cessation of exclusive breastfeeding was associated with late initiation, difficulty, and duration of breastfeeding. Women who started breastfeeding more than 1 hour after giving birth and those with breastfeeding difficulties were more likely to stop exclusive breastfeeding (Alina, Manan, & Isa, 2013).

Research on the implementation/practice of early breastfeeding initiation in the community of Puskesmas Mambo Palu, Central Sulawesi Province, shows that most mothers have sufficient education, sufficient knowledge, and a positive attitude. Most health workers have promoted IMD, and most mothers have family support for breastfeeding (Pont, 2022).

Education, in contrast to knowledge and the practice of exclusive breastfeeding (Pont, 2022). According to the researcher's analysis, the differences occur because the methods used differ. In this study, the predictors of exclusive breastfeeding were identified as IMTASIE intervention, desire to breastfeed and breastfeeding myths.

Exclusive breastfeeding at Puskesmas M obtained information that mothers who received the intervention were 15.6 times higher (95% CI = 1.6 – 155.2) and would provide exclusive breastfeeding for their babies than mothers who did not receive the intervention. The intervention given to the mother has a positive effect. Namely, the mother can give breast milk as early as possible so that the baby no longer gets other food or drinks, such as pagata bananas or honey, during the first month (evaluation) of the baby's life.

Another positive effect that can be seen from mothers who receive intervention is an increase in knowledge and awareness that giving food and drink to babies as early as possible can interfere with the baby's health. Based on these reasons, mothers no longer provide food or drink, as is the custom of the Taipa people, namely giving pagata bananas and honey to newborns.

Research in Mexico City found an increase in exclusive breastfeeding with the intervention of at least three times home visits by co-counsellors. Research in Sub-Saharan Africa shows that intervention by conducting five or more home visits by peer

counsellors significantly increases exclusive breastfeeding at 12 and 24 weeks postpartum (Von Salmuth et al., 2021).

The Congo study found that the proportion of infants receiving exclusive breastfeeding at six months of age was higher in the intervention area (57.7%) than in the comparison area (2.7%), with a confidence interval of 95%. The intervention group had a higher body weight at 12 months (8.42 kg) than those without intervention (7.97 kg). This study concludes that the promotion of breastfeeding by community volunteers in endemic malnourished areas in the rural Democratic Republic of Congo increases the duration of exclusive breastfeeding from birth (Balaluka et al., 2012),

Related studies resulted in statistically significant increases in EBF due to breastfeeding promotion interventions of 43% at day 1, 30% less than one month, and 90% at months 1 to 5 months. This study concludes that combined individual and group counselling interventions appear superior to individual or group counselling interventions alone. Interventions in developing countries have a more significant impact than in developed countries (Von Salmuth et al., 2021).

Mothers during pregnancy plan to exclusively breastfeed 27.4 times more (95%CI=2.3 – 320.7) than mothers who do not have the will to breastfeed exclusively during pregnancy. The most dominant factor in exclusive breastfeeding is the plan to provide exclusive breastfeeding. The second factor is intervention or treatment. Based on the results of the analysis clearly shows that the group gave more exclusive breastfeeding compared to the group without intervention or treatment.

Research conducted in Ethiopia resulted in 30.7% of mothers breastfeeding exclusively breastfeeding. Maternal health services have yet to be maximized but contribute to mothers carrying out exclusive breastfeeding practices. Strengthening antenatal and maternity services will improve exclusive breastfeeding practices (Ayalew, 2020).

Research on breastfeeding practices in infants 0 to 6 months using the breastfeeding performance index (BPI) and its relationship to childhood diseases in Ethiopia identified more than 80% of infants not receiving optimal breastfeeding practices based on the Breastfeeding Performance Index. This research has important implications for optimal breastfeeding to reduce childhood disease (Mulatu et al., 2021).

Research on the causes of stopping exclusive breastfeeding in Melbourne, Australia, identified 79% of *postpartum* mothers as experiencing nipple pain, 58% having nipple damage, and 23% having vasospasm.

Using the IMTASIE model in this study provides a new means to promote exclusive breastfeeding based on the development of transcultural theory and health promotion theory (*Proced-Preceed*). This model influences behaviour change, and the results can be seen in the trial model with indicators of breastfeeding practices carried out by respondents in the intervention group as the results of statistical tests in this study.

CONCLUSION

There is a significant effect with a p-value = 0.001 from the interventions carried out by nurses on increasing the practice of exclusive breastfeeding in the first one month of life.

NURSING IMPLICATIONS

IMTASIE and its devices can be used in individual and group nursing care services and can be carried out in the community and in community health centers to improve special group nursing care services and improve the quality of life of mothers and babies at an age that is vulnerable to exclusive breastfeeding due to the influence of myths, culture and knowledge. family.

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