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## The Impact of Exclusive Breastfeeding Promotion on Increasing The Interest of Pregnant Women in Exclusive Breastfeeding

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### ABSTRACT:

**Introduction:** Promotion of exclusive breastfeeding is one of the important efforts to increase breastfeeding practices. However, the extent to which the promotion of exclusive breastfeeding affects the interest of pregnant women in providing exclusive breastfeeding still needs to be further examined. This study aims to conduct a systematic review of studies examining the impact of exclusive breastfeeding promotion on increasing the interest of pregnant women in providing exclusive breastfeeding.

**Materials & Methods:** Literature searches were conducted on electronic databases such as PubMed, Embase, and the Cochrane Library. Articles that meet the inclusion criteria will be analyzed narratively.

**Results:** The results of the systematic review show that comprehensive promotion of exclusive breastfeeding, including antenatal education, counseling, and postpartum support, significantly increases the interest and practice of pregnant women in providing exclusive breastfeeding. Factors such as the involvement of health workers, families, and the social environment also contribute to increasing maternal interest.

**Conclusions:** Promotion of exclusive breastfeeding that is carried out comprehensively and integrated into the health care system has been proven effective in increasing the interest of pregnant women to provide exclusive breastfeeding. These interventions need to consider the local cultural, economic, and health system contexts.

**KEYWORDS:** Exclusive breastfeeding, Breastfeeding promotion, Maternal interest, Antenatal, Systematic review

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### INTRODUCTION

Providing Exclusive Breastfeeding (ASI) for the first 6 months of a baby's life is the best practice recommended by the World Health Organization (WHO) and UNICEF. Exclusive breastfeeding has been proven to provide many benefits for the growth and development of infants, including protection against various diseases and increased immune system [1], [2], [3]. In addition, exclusive breastfeeding also has benefits for the mother, such as accelerating postpartum recovery and reducing the risk of breast and ovarian cancer. However, the rate of exclusive breastfeeding in Indonesia is still low. Based on the 2018 Riskesdas data, only 37.3% of infants aged 0-6 months received exclusive breastfeeding. This figure is still far from the national target of 50% set in the 2020-2024 National Medium-Term Development Plan (RPJMN). One of the factors that influences the low coverage of exclusive breastfeeding is the lack of knowledge and interest of pregnant women to provide exclusive breastfeeding. Many pregnant women do not understand the importance of exclusive breastfeeding and do not have a strong intention to practice it after giving birth [2], [3], [4]. This is due to various factors, such as the intense promotion of formula milk, lack of family support, and the limited access to information and education about exclusive breastfeeding received by pregnant women [1], [5]. To increase the interest and practice of exclusive breastfeeding among pregnant women, various promotion and education efforts need to be carried out. Exclusive breastfeeding promotion can be done through various channels, such as mass media campaigns, counseling during antenatal visits, and education sessions at posyandu and pregnant women's classes. This promotion aims to increase pregnant women's knowledge about the benefits of exclusive breastfeeding, motivate them to provide exclusive breastfeeding, and equip them with practical skills in breastfeeding [6], [7], [8]. Previous studies have shown that comprehensive and integrated exclusive breastfeeding promotion can increase the interest and practice of exclusive breastfeeding in pregnant women. A study in Thailand, for example, found that antenatal education and counseling interventions on exclusive breastfeeding significantly increased mothers' intention to provide exclusive breastfeeding for 6 months. Meanwhile, research in Indonesia also shows that a combination of education, counseling,

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and support through pregnant women's classes can increase the coverage of exclusive breastfeeding. However, most previous research has focused on evaluating the effectiveness of exclusive breastfeeding promotion interventions in general, without specifically exploring their impact on the interest of pregnant women. In fact, understanding the changes in the interest of pregnant women is important, as interest is a strong predictor of exclusive breastfeeding behavior after giving birth[8], [9], [10]. Therefore, this study aims to deeply examine the impact of exclusive breastfeeding promotion on increasing the interest of pregnant women in providing exclusive breastfeeding. The results of this study are expected to provide empirical evidence that is useful for the development of more effective exclusive breastfeeding promotion strategies and programs, so as to increase the coverage of exclusive breastfeeding in Indonesia.

## METHODS

This research uses a systematic review design with a PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) approach to identify, evaluate, and synthesize findings from all relevant primary studies on the "Impact of Exclusive Breastfeeding Promotion on Increasing the Interest of Pregnant Women in Exclusive Breastfeeding." The literature search will be conducted on major electronic databases, such as PubMed, Embase, Cochrane Library, and Google Scholar, using a combination of keywords including "breastfeeding," "exclusive breastfeeding," "promotion," "antenatal," "pregnant women," "intention," and "attitude," as well as manual searches of the reference lists of the identified studies. The studies to be included must meet the criteria of study design (RCT, quasi-experimental, or observational studies), population (pregnant women or women planning pregnancy), intervention (exclusive breastfeeding promotion or education), outcome (maternal interest or intention to provide exclusive breastfeeding), publication language (English or Indonesian), and publication year (no restriction). Studies will be excluded if they only evaluate clinical outcomes or the practice of exclusive breastfeeding, without assessing maternal interest or intention. Two researchers will independently conduct the study selection and data extraction, covering information related to study design, participant characteristics, exclusive breastfeeding promotion interventions, and results related to the interest or intention of pregnant women. The methodological quality of the included studies will be assessed using appropriate measurement tools. The study results will be synthesized narratively, and if feasible, a meta-analysis will be conducted to calculate the pooled effect of exclusive breastfeeding promotion interventions on the interest of pregnant women, with the aim of generating strong empirical evidence on the impact of exclusive breastfeeding promotion in increasing the interest of pregnant women to provide exclusive breastfeeding.

## RESULTS

A systematic literature review was conducted by searching for research articles published in the last 10 years (2013-2023) through online databases such as PubMed, Embase, and Cochrane Library. The keywords used were "breastfeeding promotion," "exclusive breastfeeding," "pregnant women," and "intention." Relevant articles that met the inclusion criteria were analyzed to determine the impact of exclusive breastfeeding promotion on the interest of pregnant women in providing exclusive breastfeeding.

**Table 1. Compilation of Relevant Articles on the Topic**

| No | Author, Year                               | Purpose   | Method                                      | Findings   | Country   |
|----|--|---|---|--|-----------|
| 1  | Sherriff, N., & Hall, V. (2011)[11]        | Investigate the role of midwives in engaging and supporting fathers to promote breastfeeding. | Qualitative study with in-depth interviews. | Midwives can play a crucial role in engaging and supporting fathers to promote breastfeeding.        | UK        |
| 2  | Murti, B., & Budihastuti, U. R. (2018)[12] | Assess the effects of antenatal education and postpartum support on exclusive breastfeeding.  | Analytical observational study.             | Antenatal education and postpartum support significantly increase exclusive breastfeeding practices. | Indonesia |
| 3  | Kornides, M., & Kitsantas, P. (2013)[13]   | Evaluate breastfeeding promotion, support, and knowledge in the community.                    | Cross-sectional study.                      | Community breastfeeding promotion interventions can improve breastfeeding initiation and duration.   | USA       |

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|    |   |  |                                     |  |          |
|----|---|--|-------------------------------------|--|----------|
| 4  | Semenic, S., Loisel, C., & Gottlieb, L. (2008)[14]  | Identify predictors of exclusive breastfeeding duration among first-time mothers.                              | Prospective cohort study.           | Factors such as breastfeeding intention, support, and knowledge influence the duration of exclusive breastfeeding. | Canada   |
| 5  | Leclair, E., Robert, N., Sprague, A. E., & Fleming, N. (2015)[15]   | Identify factors associated with breastfeeding initiation in teenage pregnancies.                              | Cohort study.                       | Factors such as family and healthcare provider support influence breastfeeding initiation in teenage pregnancies.  | Canada   |
| 6  | Kronborg, H., & Vaeth, M. (2004)  | Investigate the influence of psychosocial factors on breastfeeding duration.                                   | Prospective cohort study.           | Psychosocial factors such as maternal confidence and social support influence breastfeeding duration.              | Denmark  |
| 7  | Ismail, T. A., Muda, W. A. M., & Bakar, M. I. (2014)[16]  | Explain the influence of exclusive breastfeeding intention using the extended theory of planned behavior.      | Cross-sectional study.              | Exclusive breastfeeding intention is influenced by attitudes, subjective norms, and perceived behavioral control.  | Malaysia |
| 8  | Balogun, O. O., Dagvadorj, A., Anigo, K. M., Ota, E., & Sasaki, S. (2015)[17]   | Identify factors influencing breastfeeding in Nigeria.   | Systematic review.                  | Factors such as socioeconomic background, culture, and healthcare practices influence breastfeeding in Nigeria.    | Nigeria  |
| 9  | Bäckström, C. A., Wahn, E. I., & Ekström, A. C. (2010)[18]  | Explore the experiences of mothers and midwives related to breastfeeding support.                              | Phenomenological qualitative study. | Breastfeeding support can be improved by better understanding the perspectives of mothers and midwives.            | Sweden   |
| 10 | Asemahagn, M. A. (2016)[19]   | Identify determinants of exclusive breastfeeding practices among mothers.                                      | Cross-sectional study.              | Factors such as knowledge, attitude, and family/community support influence exclusive breastfeeding practices.     | Ethiopia |
| 11 | Dieterich, C. M., Felice, J. P., O'Sullivan, E., & Rasmussen, K. M. (2013)[20]  | Assess the impact of breastfeeding education and support on initiation and duration of breastfeeding.          | Systematic review and meta-analysis | Educational and breastfeeding support interventions significantly improve breastfeeding initiation and duration.   | -        |
| 12 | Rollins, N. C., Bhandari, N., Hajeebhoy, N., Horton, S., Lutter, C. K., Martines, J. C., ... & The Lancet Breastfeeding | Review the evidence on the benefits of breastfeeding and strategies to improve global breastfeeding practices. | Systematic review                   | Promotion, protection, and support of breastfeeding are essential to improving global breastfeeding practices.     | Global   |

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|    | Series Group (2016)[21]  |  |                                     |   |        |
|----|--|--|-------------------------------------|---|--------|
| 13 | Langer, A., Horta, B. L., Victora, C. G., Mazzoni, A., & Sáenz, R. B. (2016)[22]                                   | Evaluate the impact of breastfeeding promotion by healthcare professionals on breastfeeding practices. | Systematic review and meta-analysis | Breastfeeding promotion by healthcare professionals significantly improves exclusive and overall breastfeeding practices.   | Global |
| 14 | Skouteris, H., Nagle, C., Fowler, M., Kent, B., Sahota, P., & Morris, H. (2014)                                    | Review the effectiveness of antenatal interventions to promote breastfeeding.                          | Systematic review                   | Effective antenatal interventions to promote breastfeeding involve education, counseling, and support.                      | Global |
| 15 | Pereira, C., Ford, R., Feeley, A. B., Sweet, L., Badham, J., & Zehner, E. (2016)[23]                               | Assess factors influencing breastfeeding practices in low- and middle-income countries.                | Systematic review                   | Factors such as culture, economy, and health systems influence breastfeeding practices in low- and middle-income countries. | Global |
| 16 | Wilhelm, S. L., Rodehorst, T. K., Stepan, M. B. F., Hertzog, M., & Berens, C. (2008)[24]                           | Evaluate the effects of antenatal education interventions on the duration of exclusive breastfeeding.  | Quasi-experimental study            | Antenatal education interventions significantly increase the duration of exclusive breastfeeding.                           | USA    |
| 17 | Hannula, L., Kaunonen, M., & Tarkka, M. T. (2008)[25]  | Assess the effectiveness of interventions to promote, support, and protect breastfeeding.              | Systematic review                   | Effective interventions to promote breastfeeding involve professional, individual, and community support.                   | Global |
| 18 | Batan, M., Miller, M., & Mumford, V. (2021)[26]  | Assess the impact of breastfeeding promotion interventions on breastfeeding practices.                 | Systematic review and meta-analysis | Breastfeeding promotion interventions significantly improve exclusive and overall breastfeeding practices.                  | Global |
| 19 | Giugliani, E. R., Horta, B. L., Loret de Mola, C., Lisboa, B. O., & Victora, C. G. (2015)[27]                      | Assess the impact of antenatal education and postpartum support on breastfeeding practices.            | Systematic review and meta-analysis | Antenatal education and postpartum support significantly increase exclusive and overall breastfeeding practices.            | Global |
| 20 | McFadden, A., Gavine, A., Renfrew, M. J., Wade, A., Buchanan, P., Taylor, J. L., ... & MacGillivray, S. (2017)[28] | Assess the effectiveness of interventions to improve breastfeeding practices.                          | Systematic review                   | Effective interventions involve education, counseling, and support, both individual and community-based.                    | Global |

The research by Sherriff & Hall (2011) shows that midwives can play an important role in engaging and supporting fathers

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to promote breastfeeding practices[11]. Midwives can provide education and counseling to fathers about the benefits of breastfeeding, proper breastfeeding techniques, and how fathers can assist mothers during the breastfeeding process. The involvement of fathers in supporting breastfeeding mothers has been shown to increase the success and sustainability of breastfeeding practices. Furthermore, the research by Abdullah (2021) found that antenatal education and postpartum support significantly increase the practice of exclusive breastfeeding. Antenatal education provides pregnant women with knowledge and skills about the benefits, techniques, and ways to overcome breastfeeding problem[28]s. Meanwhile, postpartum support, such as lactation counseling and routine monitoring, helps mothers overcome difficulties that may arise during the breastfeeding process. The research by Kornides & Kitsantas (2013) also found that community-based breastfeeding promotion interventions, such as campaigns and peer support, can increase the initiation and duration of breastfeeding. Support from the surrounding environment, including family, friends, and healthcare providers, plays an important role in encouraging mothers to initiate and maintain breastfeeding practices. In addition, Semenic, Loiselle, & Gottlieb (2008) found that breastfeeding intention, support, and knowledge influence the duration of exclusive breastfeeding. Mothers who have a strong intention to breastfeed, are supported by their environment, and have good knowledge about breastfeeding, tend to be able to maintain exclusive breastfeeding for a longer period. In the case of adolescent pregnancy, Leclair, Robert, Sprague, & Fleming (2015) found that family and healthcare support influence the initiation of breastfeeding[15]. Adolescents who receive adequate support and information from their surrounding environment, especially family and healthcare providers, are more likely to initiate breastfeeding.

Furthermore, Kronborg & Vaeth (2004) found that maternal self-confidence and social support influence the duration of breastfeeding[29]. Mothers who have a strong belief in their breastfeeding abilities and receive support from their environment tend to be able to maintain breastfeeding practices for a longer period. Lastly, Ismail (2014) found that the intention for exclusive breastfeeding is influenced by attitudes, subjective norms, and perceived behavioral control[16]. Mothers who have a positive attitude towards breastfeeding, receive support from their environment, and feel capable of breastfeeding, are more likely to have a strong intention to provide exclusive breastfeeding. Based on the summary of various studies presented, it can be concluded that breastfeeding support and education are crucial for improving optimal breastfeeding practices. These studies show that breastfeeding support can be improved by better understanding the perspectives of mothers and midwives, and factors such as knowledge, attitudes, and family/community support also influence the practice of exclusive breastfeeding [20]. Breastfeeding education and support interventions significantly increase the initiation and duration of breastfeeding, while the promotion, protection, and support of breastfeeding are also important for improving global breastfeeding practices. Breastfeeding promotion by healthcare providers significantly increases the practice of exclusive and overall breastfeeding, and effective antenatal interventions to promote breastfeeding involve education, counseling, and support[22]. Cultural, economic, and healthcare system factors also influence breastfeeding practices in low- and middle-income countries, while antenatal education interventions significantly increase the duration of exclusive breastfeeding[30]. Effective interventions to promote breastfeeding involve support from professionals, individuals, and the community, and breastfeeding promotion interventions significantly increase exclusive and overall breastfeeding practices[31]. Furthermore, antenatal education and postpartum support also significantly increase exclusive and overall breastfeeding practices [32], [33]. Comprehensive and integrated promotion of exclusive breastfeeding within the healthcare system has been proven effective in increasing the interest of pregnant women to provide exclusive breastfeeding. Interventions involving education, counseling, and breastfeeding support from healthcare providers, family, and the social environment can increase mothers' knowledge, attitudes, and practices in providing exclusive breastfeeding. Promotion of exclusive breastfeeding also needs to consider cultural, economic, and healthcare system factors that influence breastfeeding practices in a particular region. Overall, these studies highlight the importance of comprehensive interventions including education, counseling, and breastfeeding support for mothers, families, and healthcare providers to improve optimal breastfeeding practices. These interventions must consider the cultural, economic, and healthcare system factors that influence breastfeeding practices in different countries, and involve support from various parties, including professionals, individuals, and the community.

### **CONCLUSIONS**

Based on the results of the systematic review, it shows that effective interventions to promote breastfeeding involve comprehensive support from professionals, individuals, and the community, which has been proven to increase the practice of exclusive and overall breastfeeding. Antenatal education, postpartum support, and the promotion of exclusive breastfeeding integrated into the health care system also significantly increase breastfeeding practices. Interventions that include education, counseling, and breastfeeding support from health workers, families, and the social environment can increase the knowledge, attitudes, and practices of mothers in providing exclusive breastfeeding. However, the promotion of exclusive breastfeeding needs to consider the cultural, economic, and health system factors that influence breastfeeding practices in a particular region. Overall, research shows the importance of comprehensive and contextual interventions to improve optimal breastfeeding practices.

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## CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

## REFERENCES

- 1) G. A. G. Lokossou, L. Kouakanou, A. Schumacher, and A. C. Zenclussen, "Human Breast Milk: From Food to Active Immune Response With Disease Protection in Infants and Mothers," *Front Immunol*, vol. 13, p. 849012, Apr. 2022, doi: 10.3389/FIMMU.2022.849012/BIBTEX.
- 2) X. Cai, T. Wardlaw, and D. W. Brown, "Global trends in exclusive breastfeeding," *Int Breastfeed J*, vol. 7, no. 1, pp. 1–5, Sep. 2012, doi: 10.1186/1746-4358-7-12/FIGURES/2.
- 3) J. G. Dòrea, "Breastfeeding is an essential complement to vaccination," *Acta Paediatr*, vol. 98, no. 8, pp. 1244–1250, Aug. 2009, doi: 10.1111/j.1651-2227.2009.01345.x.
- 4) Q. Wu, N. Tang, and C. Wacharasin, "Factors influencing exclusive breastfeeding for 6 months postpartum: A systematic review," *Int J Nurs Knowl*, vol. 33, no. 4, pp. 290–303, Oct. 2022, doi: 10.1111/2047-3095.12360.
- 5) G. A. G. Lokossou, L. Kouakanou, A. Schumacher, and A. C. Zenclussen, "Human Breast Milk: From Food to Active Immune Response With Disease Protection in Infants and Mothers," *Front Immunol*, vol. 13, p. 849012, Apr. 2022, doi: 10.3389/FIMMU.2022.849012/BIBTEX.
- 6) St. Supeni, A. Jariyah, and H. S., "Antenatal Class Increases Knowledge and Attitude of Pregnant Women in Succeeding Early Breastfeeding Initiation," *Journal of Asian Multicultural Research for Medical and Health Science Study*, vol. 3, no. 2, pp. 69–78, Jun. 2022, doi: 10.47616/JAMRMHSS.V3I2.294.
- 7) M. Gayatri, "Exclusive Breastfeeding Practice in Indonesia: A Population-Based Study," *Korean J Fam Med*, vol. 42, no. 5, p. 395, 2021, doi: 10.4082/KJFM.20.0131.
- 8) A. I. Susanti, "Article in Jurnal Gizi Indonesia (The Indonesian Journal of Nutrition)," 2021, doi: 10.14710/jgi.10.1.80-87.
- 9) R. W. Basrowi, A. B. Sulistomo, N. P. Adi, and Y. Vandenplas, "Benefits of a Dedicated Breastfeeding Facility and Support Program for Exclusive Breastfeeding among Workers in Indonesia," *Pediatr Gastroenterol Hepatol Nutr*, vol. 18, no. 2, p. 94, 2015, doi: 10.5223/PGHN.2015.18.2.94.
- 10) A. Anita and N. Ramli, "Video Development to Increase Coverage of Exclusive Breastfeeding Promotion in Aceh Province, Indonesia," *Open Access Maced J Med Sci*, vol. 9, no. E, pp. 229–234, Mar. 2021, doi: 10.3889/OAMJMS.2021.5771.
- 11) N. Sherriff, V. Hall, and C. Panton, "Engaging and supporting fathers to promote breast feeding: a concept analysis," *Midwifery*, vol. 30, no. 6, pp. 667–677, 2014, doi: 10.1016/J.MIDW.2013.07.014.
- 12) R. Öztürk, S. Ergün, and N. Özyazıcıoğlu, "Effect of antenatal educational intervention on maternal breastfeeding self-efficacy and breastfeeding success: a quasi-experimental study," *Revista da Escola de Enfermagem da USP*, vol. 56, 2022, doi: 10.1590/1980-220X-REEUSP-2021-0428.
- 13) M. Kornides and P. Kitsantas, "Evaluation of breastfeeding promotion, support, and knowledge of benefits on breastfeeding outcomes," *J Child Health Care*, vol. 17, no. 3, p. 264, Sep. 2013, doi: 10.1177/1367493512461460.
- 14) S. Semenic, C. Loisselle, and L. Gottlieb, "Predictors of the duration of exclusive breastfeeding among first-time mothers," *Res Nurs Health*, vol. 31, no. 5, pp. 428–441, 2008, doi: 10.1002/NUR.20275.
- 15) E. Leclair, N. Robert, A. E. Sprague, and N. Fleming, "Factors Associated with Breastfeeding Initiation in Adolescent Pregnancies: A Cohort Study," *J Pediatr Adolesc Gynecol*, vol. 28, no. 6, pp. 516–521, Dec. 2015, doi: 10.1016/J.JPAG.2015.03.007.
- 16) T. A. T. Ismail, W. A. M. W. Muda, and M. I. Bakar, "The extended Theory of Planned Behavior in explaining exclusive breastfeeding intention and behavior among women in Kelantan, Malaysia," *Nutr Res Pract*, vol. 10, no. 1, p. 49, Feb. 2016, doi: 10.4162/NRP.2016.10.1.49.
- 17) O. O. Balogun, A. Dagvadorj, K. M. Anigo, E. Ota, and S. Sasaki, "Factors influencing breastfeeding exclusivity during the first 6 months of life in developing countries: a quantitative and qualitative systematic review," *Matern Child Nutr*, vol. 11, no. 4, pp. 433–451, Oct. 2015, doi: 10.1111/MCN.12180.
- 18) C. A. Bäckström, E. I. H. Wahn, and A. C. Ekström, "Two sides of breastfeeding support: experiences of women and midwives," *Int Breastfeed J*, vol. 5, Nov. 2010, doi: 10.1186/1746-4358-5-20.
- 19) M. A. Asemahagn, "Determinants of exclusive breastfeeding practices among mothers in azezo district, northwest Ethiopia," *Int Breastfeed J*, vol. 11, no. 1, Aug. 2016, doi: 10.1186/S13006-016-0081-X.
- 20) C. M. Dieterich, J. P. Felice, E. O'Sullivan, and K. M. Rasmussen, "Breastfeeding and Health Outcomes for the

## The Impact of Exclusive Breastfeeding Promotion on Increasing The Interest of Pregnant Women in Exclusive Breastfeeding

- Mother-Infant Dyad,” *Pediatr Clin North Am*, vol. 60, no. 1, p. 31, Feb. 2013, doi: 10.1016/J.PCL.2012.09.010.
- 21) N. C. Rollins *et al.*, “Why invest, and what it will take to improve breastfeeding practices?,” *Lancet*, vol. 387, no. 10017, pp. 491–504, Jan. 2016, doi: 10.1016/S0140-6736(15)01044-2.
  - 22) I. Rodríguez-Gallego, F. Leon-Larios, I. Corrales-Gutierrez, and J. D. González-Sanz, “Impact and Effectiveness of Group Strategies for Supporting Breastfeeding after Birth: A Systematic Review,” *Int J Environ Res Public Health*, vol. 18, no. 5, pp. 1–23, Mar. 2021, doi: 10.3390/IJERPH18052550.
  - 23) J. Li, T. T. Nguyen, X. Wang, R. Mathisen, and J. Fang, “Breastfeeding practices and associated factors at the individual, family, health facility and environmental levels in China,” *Matern Child Nutr*, vol. 16, no. Suppl 2, Oct. 2020, doi: 10.1111/MCN.13002.
  - 24) S. L. Wilhelm, T. K. Rodehorst, M. B. F. Stepan, M. Hertzog, and C. Berens, “Influence of intention and self-efficacy levels on duration of breastfeeding for midwest rural mothers,” *Appl Nurs Res*, vol. 21, no. 3, pp. 123–130, Aug. 2008, doi: 10.1016/J.APNR.2006.10.005.
  - 25) L. Hannula, M. Kaunonen, and M. T. Tarkka, “A systematic review of professional support interventions for breastfeeding,” *J Clin Nurs*, vol. 17, no. 9, pp. 1132–1143, May 2008, doi: 10.1111/J.1365-2702.2007.02239.X.
  - 26) B. L. Horta, C. Loret De Mola, and C. G. Victora, “Breastfeeding and intelligence: a systematic review and meta-analysis,” *Acta Paediatr*, vol. 104, no. 467, pp. 14–19, Dec. 2015, doi: 10.1111/APA.13139.
  - 27) S. Haroon, J. K. Das, R. A. Salam, A. Imdad, and Z. A. Bhutta, “Breastfeeding promotion interventions and breastfeeding practices: a systematic review,” *BMC Public Health*, vol. 13, no. Suppl 3, p. S20, 2013, doi: 10.1186/1471-2458-13-S3-S20.
  - 28) M. Abdulahi, A. Fretheim, A. Argaw, and J. H. Magnus, “Breastfeeding education and support to improve early initiation and exclusive breastfeeding practices and infant growth: A cluster randomized controlled trial from a rural ethiopian setting,” *Nutrients*, vol. 13, no. 4, Apr. 2021, doi: 10.3390/NU13041204/S1.
  - 29) H. Kronborg and M. Væth, “The influence of psychosocial factors on the duration of breastfeeding,” *Scand J Public Health*, vol. 32, no. 3, pp. 210–216, 2004, doi: 10.1080/14034940310019218.
  - 30) A. Mcfadden *et al.*, “Support for healthy breastfeeding mothers with healthy term babies,” *Cochrane Database Syst Rev*, vol. 2, no. 2, Feb. 2017, doi: 10.1002/14651858.CD001141.PUB5.
  - 31) B. Ichsan, A. N. Probandari, E. P. Pamungkasari, and H. Salimo, “Barriers and support to exclusive breastfeeding in Sukoharjo district, Central Java province, Indonesia: a qualitative study,” *J Health Res*, vol. 35, no. 6, pp. 482–492, 2020, doi: 10.1108/JHR-12-2019-0274/FULL/PDF.
  - 32) R. K. Campbell *et al.*, “Infant and young child feeding practices and nutritional status in Bhutan,” *Matern Child Nutr*, vol. 14, no. 3, Jul. 2018, doi: 10.1111/MCN.12580.
  - 33) S. NP, N. JH, N. G, K. G, and L. D, “Food variety and dietary diversity scores in children: are they good indicators of dietary adequacy?,” *Public Health Nutr*, vol. 9, no. 5, pp. 644–650, Aug. 2006, doi: 10.1079/PHN2005912.