



QUALITATIVE ANALYSIS OF BREASTFEEDING PRACTICES AMONG LACTATING MOTHERS

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ABSTRACT

Traditional postpartum care is still practiced in Cimanggu District. Based on 2024 data, 27 mothers experienced problems during the postpartum period caused by the use of bengkung, consumption of sambel peupeuh, application of campuh, and practicing the traditions of nyanda and sangsurkeun. Several factors influencing the practice of traditional care according to theories and previous studies include knowledge, attitude, culture, family support, and health worker support. Objective to analyze the factors influencing exclusive breastfeeding practices among mothers in Pancoran Mas District, Depok City, in 2025. This research employed a qualitative approach to explore mothers' experiences and perceptions of exclusive breastfeeding in Pancoran Mas District, Depok City. A total of 24 informants participated, consisting of 20 main informants (mothers with infants aged 6–12 months and family members) and 4 key informants (midwives and community health cadres). Participants were selected using purposive sampling. Data were collected through in-depth interviews guided by semi-structured interview protocols. All interviews were recorded, transcribed verbatim, and analyzed thematically using NVivo software to identify emerging themes related to perceptions, experiences, barriers, support systems, and workplace policies influencing exclusive breastfeeding. Trustworthiness of the findings was ensured through triangulation of sources, member checking, and peer debriefing. Most mothers perceived exclusive breastfeeding positively for maternal and infant health, yet concerns about physical changes, maternal fatigue, stress, cultural influences, and lack of workplace support emerged as barriers, while emotional, professional, and family support facilitated its practice. Exclusive breastfeeding is shaped by maternal perceptions, with support from family, health workers, and workplace policies playing a key role in sustaining the practice.

Keywords: breastfeeding mothers; exclusive breastfeeding; influencing factors

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INTRODUCTION

Breast milk (ASI) is the primary source of nutrition for newborns, particularly during the first six months of life. Exclusive breastfeeding, defined as providing only breast milk without additional food or drink, is strongly recommended by the World Health Organization (WHO) for its proven benefits in supporting optimal growth, cognitive development, and infant immunity against infectious diseases. However, the coverage of exclusive breastfeeding in Indonesia remains far below the target. According to the Global Breastfeeding Scorecard 2023, the global prevalence of exclusive breastfeeding is approximately 48%, which is still below the WHO and UNICEF target of 70% by 2030. Many countries, including Indonesia, face challenges in achieving this target due to limited policy support, inadequate breastfeeding-friendly health facilities, and low public awareness of the health benefits of exclusive breastfeeding (WHO, 2023) (UNICEF Indonesia & WHO Indonesia, 2023). According to data released by the Central Bureau of Statistics (BPS) for West Java Province, the coverage of exclusive breastfeeding was 76.46% in 2021, slightly increasing to 77% in 2022, and reaching 80.08% in 2023. Although these figures indicate an upward trend over the three-year period, the improvement remains modest. This suggests that additional support is needed to help mothers sustain the practice of exclusive breastfeeding (Central Bureau of Statistics, 2023).

Data from the 2023 Depok City Health Profile reported that in 2022, only 74.7% of infants aged 0–6 months were exclusively breastfed. This figure did not reach the local government's minimum target of 80%, leaving a gap of about 5.3%. The same target was retained in 2023, yet the actual achievement remained relatively stagnant, at approximately 74–75%, indicating that the coverage gap has persisted over time (Depok City Health Office, 2023). This study aims to analyze the factors influencing exclusive breastfeeding practices among mothers in Pancoran Mas District, Depok City, in 2025.

METHOD

This research employed a qualitative approach to explore mothers' experiences and perceptions of exclusive breastfeeding in Pancoran Mas District, Depok City. A total of 24 informants participated, consisting of 20 main informants (mothers with infants aged 6–12 months and family members) and 4 key informants (midwives and community health cadres). Participants were selected using purposive sampling. Data were collected through in-depth interviews guided by semi-structured interview protocols to capture perceptions, experiences, challenges, and support systems. Data collection was complemented by participant observation to provide additional context to the social and cultural dynamics surrounding breastfeeding.

Data were transcribed verbatim and analyzed thematically using NVivo 14 software through processes of coding, categorization, and theme identification. To ensure trustworthiness, the study employed triangulation of sources and methods, member checking, and peer debriefing. Findings were then interpreted by linking emerging themes to existing theories and literature on breastfeeding. Ethical principles, including informed consent and confidentiality, were upheld throughout the research process. The study also incorporated rigorous preparation and documentation procedures. Semi-structured interview guides and observation checklists were developed to maintain consistency across data collection, while recording devices were used to capture accurate accounts of participants' narratives. Sampling continued until data saturation was achieved, ensuring that no new information or themes emerged. This study was approved by the Health Research Ethics Committee of the Faculty of Health Sciences, Universitas Nasional (No. 041/e.KEPK/FIKES/IV/2025). Written informed consent was obtained from all participants, and confidentiality and anonymity were ensured.

RESULT

Characteristics of Informants

The study involved a total of 24 informants who were divided into two categories: primary informants and key informants. The primary informants consisted of 20 individuals, including 10 breastfeeding mothers and 10 close family members such as husbands, parents, or in-laws. The breastfeeding mothers served as the main respondents, providing insights into their perceptions, personal experiences, barriers, and the types of support they received while practicing exclusive breastfeeding. Husbands and other family members were included because of their significant role in providing social and emotional support during the breastfeeding process.

The primary informants were recruited from two sub-districts within the service area of Pancoran Mas Public Health Center. In addition, four key informants were selected, consisting of two community health cadres and two midwives responsible for the Maternal and Child Health (MCH) program. The cadres were chosen for their active involvement in community-based education and support for breastfeeding mothers, while the midwives were included due to their professional responsibility in implementing the MCH program. Both the cadres and midwives represented the two main sub-districts, Pancoran Mas and Depok, which fall under the jurisdiction of Pancoran Mas Public Health Center.

with numerous connections provided richer, more complex data, while others focused on fewer themes. This visualization highlights the distribution of themes across participants, reinforces coding validity, and supports the assessment of data saturation, ensuring that identified themes reflect contributions from multiple informants rather than isolated cases.

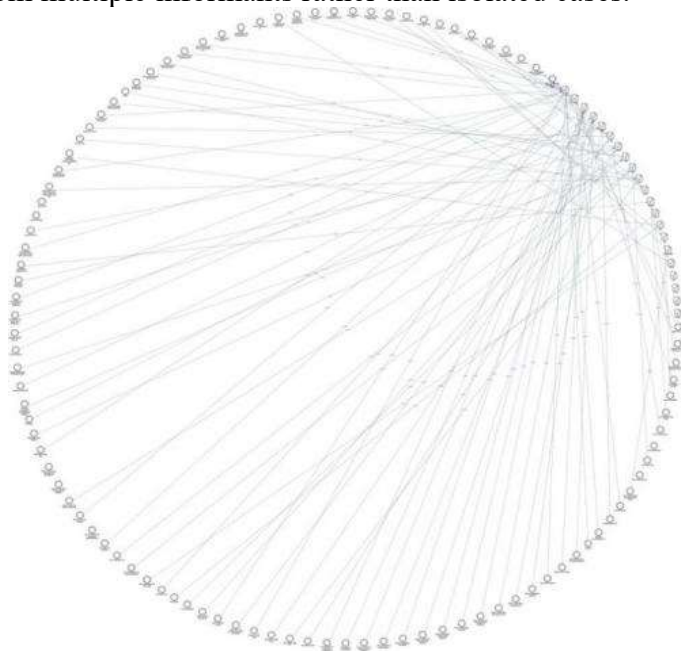


Figure 2. Project Map of Theme Distribution Across Informants

A Tree Map visualization in NVivo 14 (figure 3) was employed to examine the distribution of informant contributions to the coded themes. The analysis revealed notable variation in both the depth and breadth of data provided. Informants “A1,” “A2,” and “U” contributed most substantially, offering comprehensive narratives encompassing personal motivation, family support, workplace policies, and socio-cultural challenges related to exclusive breastfeeding. Other participants, including “A3,” “S1,” “K1,” “S2,” “A4,” “F,” “T,” “R,” “W,” “L,” “N,” and “H1,” provided moderate contributions, primarily addressing specific experiences such as returning to work, spousal support, or interactions with healthcare providers. Conversely, informants “S3,” “H2,” “A5,” and “K2” provided relatively limited data, reflecting narrower experiential scope. These findings highlight the heterogeneity of informant input and underscore the importance of incorporating diverse perspectives in qualitative analyses of exclusive breastfeeding practices.

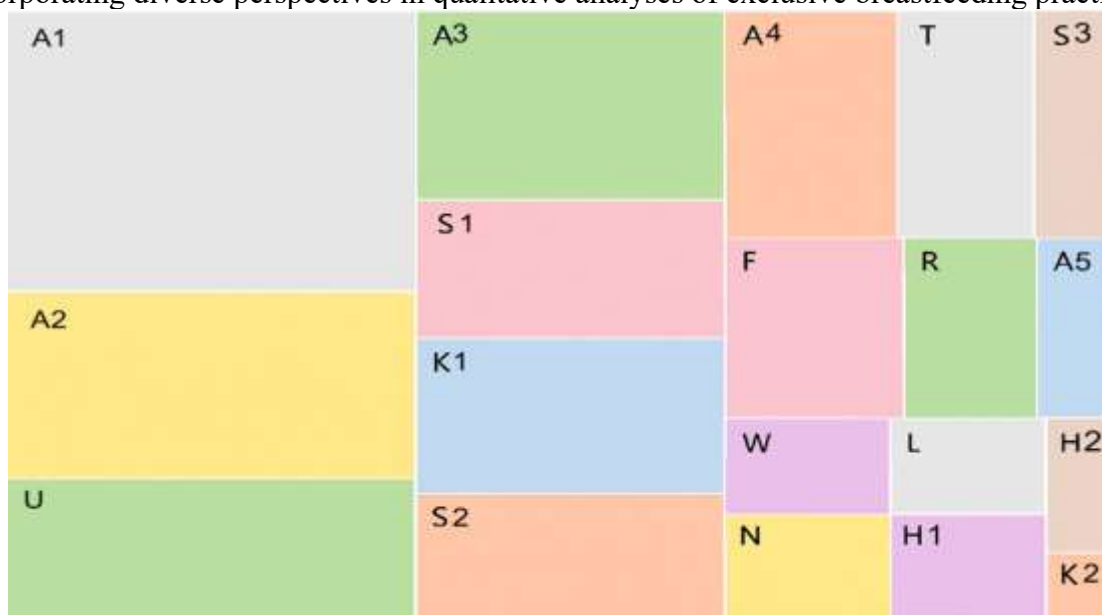


Figure 3. Tree Map of Informants’ Contribution Proportions

Breastfeeding Mothers' Perceptions of Exclusive Breastfeeding on Maternal Physical Health

Most informants stated that exclusive breastfeeding is not only beneficial for the baby but also provides health advantages for the mother. Some mothers mentioned that breastfeeding may help prevent breast cancer and support weight normalization after childbirth. Concerns about breast sagging were raised; however, they were not considered a primary reason to discontinue breastfeeding. Instead, there was an understanding that breastfeeding represents a mother's sacrifice for her child's well-being. This perception was reflected in the statements of several breastfeeding informants:

"Breast milk is very good for a baby's immune system and can prevent illness. I also heard it can reduce the risk of breast cancer." (Informant S)

Breastfeeding Mothers' Perceptions of Exclusive Breastfeeding: Benefits, Risks, and Barriers

The informants demonstrated a fairly good understanding of the benefits of exclusive breastfeeding, such as stronger immunity, optimal growth, and protection against infectious diseases. However, some mothers also expressed concerns about certain challenges, including fatigue, worries about insufficient breast milk production, and limited time due to working outside the home. A number of them also highlighted that stress and psychological pressure could affect the smoothness of the breastfeeding process. The informants also highlighted various benefits of exclusive breastfeeding, both from health and economic perspectives. Barriers to exclusive breastfeeding among mothers ranged from fatigue, stress, and suboptimal milk production to the lack of adequate workplace facilities. Working mothers often reported difficulties in expressing breast milk due to limited time or the absence of proper lactation rooms. Challenges also emerged from insufficient practical support within the family, despite verbal encouragement being commonly expressed. Many mothers faced both physical and emotional obstacles that hindered the breastfeeding process. Common problems included delayed or insufficient milk flow, nipple pain or injury, overwhelming fatigue, and a lack of confidence regarding the adequacy of breast milk supply. For instance, one informant stated.

"I was stressed because my breast milk did not come out. I even thought about switching to formula milk" (Informant C).

"My nipples were sore. It was very painful when I breastfed, so I had to stop for a while" (Informant L).

This testimony illustrates how nipple injury and pain may directly interrupt the continuity of breastfeeding, leading to temporary cessation and creating further anxiety about milk supply and feeding adequacy.

DISCUSSION

Thematic Analysis

Sub-themes revealed mothers' perceptions of physical and health-related impacts, perceived benefits and risks, as well as challenges arising from maternal factors, family influence, health workers, and workplace policies. In contrast, strong support from families, midwives, community cadres, and workplace initiatives emerged as key facilitators. NVivo visualizations such as word frequency queries further illustrated that "breastfeeding" (*ASI*) was the most dominant term (19.6%), emphasizing the centrality of exclusive breastfeeding in participants' narratives, as shown in figure 1 word frequency analysis.

A Tree Map visualization in NVivo 14 (figure 3) was employed to examine the distribution of informant contributions to the coded themes. The analysis revealed notable variation in both the depth and breadth of data provided. Informants "A1," "A2," and "U" contributed most substantially, offering comprehensive narratives encompassing personal motivation, family support, workplace policies, and socio-cultural challenges related to exclusive breastfeeding. Other participants, including "A3," "S1," "K1," "S2," "A4," "F," "T," "R," "W," "L," "N," and "H1," provided moderate contributions, primarily addressing specific experiences such as returning to work, spousal support, or interactions with healthcare providers. Conversely, informants "S3,"

“H2,” “A5,” and “K2” provided relatively limited data, reflecting narrower experiential scope. These findings highlight the heterogeneity of informant input and underscore the importance of incorporating diverse perspectives in qualitative analyses of exclusive breastfeeding practices.

The Project Map generated using NVivo 14 visually represents the distribution of themes across all informants. Each node corresponds to an informant, and the connecting lines illustrate links between participants and the themes coded from their in-depth interview narratives. The map shows that most informants are associated with multiple themes, including family support, work-related barriers, understanding of exclusive breastfeeding, and the role of healthcare providers. Informants with numerous connections provided richer, more complex data, while others focused on fewer themes. This visualization highlights the distribution of themes across participants, reinforces coding validity, and supports the assessment of data saturation, ensuring that identified themes reflect contributions from multiple informants rather than isolated cases.

Most informants were connected to more than one theme, indicating that topics such as family support, work-related challenges, knowledge of exclusive breastfeeding, and the role of health workers were widely present across their narratives. Several dominant themes emerged that reflected the diversity of factors influencing breastfeeding practices. For example, many respondents emphasized the challenges of being a working mother, as highlighted by informants F (33%) and A5 (19%), who noted that time constraints were a primary barrier to exclusive breastfeeding. According to the Health Belief Model (HBM), individual perceptions of benefits, risks, and barriers strongly influence health-related decisions, including exclusive breastfeeding. This aligns with the findings of this study, where informants frequently highlighted personal motivation, awareness of the benefits of breast milk, and their own experiences with breastfeeding (Citra Dewi & Susmita, 2023). Previous studies also reinforce these insights. reported that family support, particularly from husbands, is closely linked to breastfeeding success. Similarly, (Gabriel et al., 2020) found that working mothers often face time limitations and inadequate workplace facilities, making it difficult to maintain exclusive breastfeeding. (Rollins et al., 2016) further explained that cultural norms and social pressures can significantly affect mothers’ breastfeeding decisions. Taken together, these findings suggest that exclusive breastfeeding practices are shaped by the interplay of multiple factors, including personal motivation, family support, workplace policies, and socio-cultural influences. Therefore, effective interventions should not only target mothers but also involve families, workplaces, and the broader community to enhance the success of exclusive breastfeeding.

Breastfeeding Mothers’ Perceptions of Exclusive Breastfeeding on Maternal Physical Health

Based on in-depth interviews, most breastfeeding mothers expressed that exclusive breastfeeding is not only beneficial for the infant but also provides significant health advantages for the mother. Several informants highlighted that breastfeeding could prevent breast cancer and help normalize body weight after childbirth. Although some concerns regarding breast sagging were mentioned, these were not considered as primary reasons to discontinue breastfeeding. Instead, mothers perceived breastfeeding as a form of maternal sacrifice for the child’s well-being. This perspective is illustrated in the following statements: “Breast milk is very good for the baby’s immunity and can prevent disease. I also heard it can reduce the risk of breast cancer.” (Informant S)

Both the World Health Organization (WHO, 2023) and the American Academy of Pediatrics (AAP) state that breastfeeding benefits not only the infant but also protects mothers from breast and ovarian cancers, facilitates uterine contraction, and supports postpartum weight loss. From a theoretical perspective, the Health Belief Model (HBM) emphasizes the role of perceived benefits and perceived barriers. Mothers who are aware of the long-term advantages of breastfeeding and perceive fewer physical or social barriers are more likely to maintain exclusive breastfeeding practices. Such perceptions are often shaped by external cues, such as health education provided by healthcare professionals and previous breastfeeding experiences (Rosenstock, 1974).

This finding is consistent with (Kusuma & Khofiyah, 2022), who reported that mothers with greater knowledge of breastfeeding benefits and risks were more likely to sustain exclusive breastfeeding. Similarly, (Victora et al., 2016) found that breastfeeding mothers have a lower risk of chronic diseases later in life, further reinforcing the health-related value of exclusive breastfeeding. The majority of informants demonstrated a good understanding of the benefits of exclusive breastfeeding, including stronger infant immunity, optimal growth, and protection against infectious diseases. However, several mothers reported barriers such as fatigue, concerns about insufficient milk production, and limited time due to employment outside the home. Some also emphasized that stress and psychological pressures could interfere with breastfeeding.

The Theory of Planned Behavior (TPB) provides a useful framework to explain these findings, as mothers' intentions to breastfeed are influenced by attitudes (perceived benefits), subjective norms (family support), and perceived behavioral control (ability to overcome barriers). The present findings are supported by (Kusuma & Khofiyah, 2022) (Chowdhury et al., 2021), who found that mothers with better knowledge of breastfeeding benefits and risks were more likely to sustain the practice. Likewise, (Addicks & McNeil, 2019) demonstrated that mothers' perception of the severity of risks associated with not breastfeeding exclusively served as an intrinsic motivation to continue, even under challenging circumstances. Although many mothers acknowledged the benefits of exclusive breastfeeding, its successful implementation was influenced by working conditions, social support, and physiological factors (Nagel et al., 2022) (Lyons et al., 2023).

Further, cultural norms also shaped breastfeeding practices. Some mothers expressed embarrassment about breastfeeding in public, preferring instead to use formula feeding, while others described external barriers such as inadequate workplace facilities or insufficient maternity leave (Witten et al., 2020). Lack of emotional or practical support from partners was also highlighted. These findings underscore that exclusive breastfeeding is shaped by a combination of personal, cultural, and environmental factors (Y. Sari, 2016). The Social Ecological Model (McLeroy et al., 1988) supports this interpretation, showing that breastfeeding barriers are not limited to the individual level but also emerge from interpersonal (family), institutional (workplace), community (social norms), and policy-related factors (such as maternity leave and lactation room regulations). This is in line with (Apara et al., 2024), who reported that working mothers were less likely to succeed in maintaining exclusive breastfeeding, particularly in the absence of adequate facilities for milk expression or supportive leave policies. Cultural factors, such as parental beliefs that infants require supplementary feeding when fussy, were also found to undermine exclusive breastfeeding success (Vila-Candel et al., 2024).

Breastfeeding Mothers' Perceptions of Exclusive Breastfeeding: Benefits, Risks, and Barriers

The informants demonstrated a fairly good understanding of the benefits of exclusive breastfeeding, recognizing its role in enhancing infants' immune system, supporting optimal growth, and providing protection against infectious diseases. However, some mothers also reported experiencing barriers, including fatigue, concerns over insufficient milk supply, and limited time due to work commitments outside the home. Additionally, several participants expressed worries that stress and psychological pressures could negatively affect the breastfeeding process. Barriers to exclusive breastfeeding among mothers are multifaceted, ranging from physical and emotional challenges such as fatigue, stress, suboptimal milk production, sore nipples, and lack of confidence in milk sufficiency, to external factors like limited time and inadequate lactation facilities in the workplace. While families often provide verbal encouragement, practical support is frequently lacking, leaving mothers to face these difficulties on their own. Consequently, many mothers struggle to sustain exclusive breastfeeding and may consider alternatives such as formula feeding when confronted with ongoing discomfort and insufficient support. Based on the interview matrix regarding barriers and facilitators of exclusive breastfeeding, it can be concluded that breastfeeding practices are influenced by both internal and external factors. The most dominant barriers reported by mothers included limited workplace facilities such as inadequate lactation rooms, family pressure to

introduce formula, low milk production despite efforts to improve it, heavy workloads, and cultural norms that create discomfort when breastfeeding in public. Conversely, several facilitators were identified, such as spousal support with household tasks and handling expressed breast milk, workplace policies that accommodate lactating mothers through designated pumping time, health education from community health workers and midwives, and the availability of proper lactation rooms. These findings indicate that the success of exclusive breastfeeding does not solely depend on a mother's intention and capability but is strongly shaped by the level of social and institutional support available to her.

The findings further suggest that success or failure in exclusive breastfeeding is the outcome of complex interactions between individual, family, community, and policy-level factors. Internal barriers such as anxiety, low milk supply, or cultural stigma are more likely to result in early cessation of breastfeeding if not balanced by adequate external support. On the other hand, when family involvement, healthcare provider encouragement, and supportive workplace policies are present, these challenges can be mitigated, enabling mothers to feel more confident and motivated to maintain exclusive breastfeeding for the recommended six months. These findings align with the Health Belief Model, which emphasizes the role of perceived benefits, barriers, and social influence in shaping health behaviors, including breastfeeding. Similarly, the Supportive Environment Model highlights that social support—emotional, informational, and instrumental—can protect against stress and burnout among breastfeeding mothers (Green & Kreuter, 2005). Therefore, effective interventions should actively involve family members and workplaces. Consistent with studies such as (Puspitasari et al., 2024), the evidence underscores that family support, healthcare involvement, and workplace readiness, including lactation rooms, adequate pumping time, and sufficient maternity leave, are crucial determinants in sustaining exclusive breastfeeding among working mothers. Similarly, the study by (Yulianti, 2024) reported that mothers with a high level of knowledge about the benefits and risks of breastfeeding are more likely to maintain exclusive breastfeeding. Likewise, research by (Bai et al., 2021) (D. Sari & Wulandari, 2023) found that mothers' perception of the severity of risks associated with not providing exclusive breastfeeding serves as an internal motivation to continue breastfeeding, even in challenging situations. Although most mothers understand the benefits of exclusive breastfeeding, its successful implementation is strongly influenced by work conditions, social support, and physiological factors.

CONCLUSION

Most mothers in this study demonstrated positive perceptions of exclusive breastfeeding, recognizing its benefits for both infant and maternal health, including reduced risk of infections, enhanced infant immunity, and lower risk of maternal breast cancer. Despite this, some mothers expressed concerns about physical changes, such as breast sagging or altered body shape, which could undermine their motivation to continue breastfeeding. Several barriers were identified, including maternal fatigue, stress, suboptimal milk production, time constraints due to work, cultural pressures, and limited practical support from family, particularly when infants were fussy, leading some mothers to supplement with formula. Inadequate workplace lactation facilities further hindered exclusive breastfeeding. Conversely, facilitators included emotional and practical support from husbands, guidance and education from midwives and community health workers, and informed, non-judgmental family support, which together strengthened mothers' confidence and ability to sustain exclusive breastfeeding practices.

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