

Factors Influencing a Mother's Ability to Breastfeed

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ABSTRACT

Aim. The goal of this essay is to look into the factors that affect moms to start and continue exclusive breastfeeding.

Background. Breastfeeding is the most successful and cost-efficient survival strategy, with the potential to cut child mortality in underdeveloped nations by up to 13% [2], [3]. Breastfeeding should begin within one hour of delivery, be exclusive from birth to six months of age, and continue until the child is two years old or older. [4]

Materials and Methods. A qualitative design is used in this investigation. The experiences of breastfeeding informants will be collected, summarized, and reported in detail.

narratively. In January 2020, a Focus Group Discussion (FGD) was held with mothers of infants aged 5-6 months. The purpose of this study is to investigate exclusive breastfeeding knowledge, practice, and decision making.

Result. The majority of moms have received information about exclusive breastfeeding, however there are still some mothers who have not. Mothers who have heard about exclusive breastfeeding nevertheless have varied ideas about how long they should breastfeed. Certainly, the mother is unaware of the length of exclusive nursing.

Conclusions. Breastfeeding is a major global public health issue. This review demonstrates that information of exclusive breastfeeding, awareness of breastfeeding methods, and social support (family, husband, and health workers) are all elements that can influence exclusive breastfeeding success. Starting and keeping breastfeeding is still a difficulty for moms today, therefore understanding exclusive breastfeeding, breastfeeding legislation, and social support can all help with nursing success.

KEYWORDS: Exclusive Breastfeeding, Endorsement, Factors Affecting

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I. INTRODUCTION

According to the World Health Organization (WHO), 5.3 million children under the age of five died from avoidable diseases in 2018. Preterm birth problems, pneumonia, hypoxia, congenital malformations, and diarrhea are the leading causes of death in children under the age of five [1]. Breastfeeding is the most successful and cost-efficient survival strategy, with the potential to cut child mortality in underdeveloped nations by up to 13% [2], [3]. Breastfeeding should begin within one hour of delivery, be exclusive from birth to six months of age, and continue until the child is two years old or older [4]. According to the findings of the 2018 Basic Health Research, the proportion of early breastfeeding

initiation in children aged 0 to 23 months comprised 58.2% of the population, with as many as 15.9% receiving early initiation within the first hour. Similarly, the proportion of breastfeeding increased from the previous year, when the proportion of exclusive breastfeeding in infants aged 0-5 months was 37.3%, partial breastfeeding was 9.3%, and mainly breast milk was 3.3% [5].

According to WHO, exclusive breastfeeding is the best way to feed babies. Exclusive nursing is just giving the baby milk and no other liquids or solids, including water, with the exception of oral rehydration solutions, vitamin drops, syrups, minerals, or medications [6]. Breastfeeding has numerous health benefits for both the mother and the

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child. Breast milk provides all of the nutrients that a newborn requires during the first six months of life. Breastfeeding protects babies from diarrhea and childhood diseases such as pneumonia [7], [8], [9] It provides long-term health benefits for women and children, such as lowering the incidence of childhood and adolescent overweight and obesity [10], [11], [12].

According to WHO in the "Breastfeeding policy brief," the cause of the global low level of exclusive breastfeeding is socio-cultural factors, health systems, commercial (promotion of formula milk), and a lack of breastfeeding expertise [4]. This study illustrates why it is critical to provide optimal growth and development for children in order to prevent infectious diseases [1]. In Asia, the factors linked with the cause of low exclusive breastfeeding are health professionals' knowledge and awareness, the status of working moms, family support, husband support, and health workers' support [13] [14].

Furthermore, maternal education level, economic situation, and IMD implementation are all linked to exclusive breastfeeding success [15] [16]. The review's findings also revealed that the characteristics of the region associated with culture can affect the provision of exclusive breastfeeding. For example, in some parts of Indonesia, colostrum is thought to be dirty and dangerous, and it cannot be given to infants because it can cause abdominal pain, so it must be removed. Furthermore, moms who live in rural areas are more likely to feed prelactal food to their infants right after birth [15].

Given the scarcity of qualitative research on breastfeeding practices in the study area, as well as the relevance of exclusive breastfeeding in lowering infant mortality and morbidity, this study will investigate the factors that encourage women to initiate and continue exclusive breastfeeding. It is hoped that this study would yield important information for enhancing exclusive breastfeeding in the first 6 months.

II. MATERIALS AND METHODS

This inquiry employs a qualitative design. The experiences of breastfeeding informants will be meticulously documented, summarized, and narratively conveyed. A Focus Group Discussion (FGD) with mothers of infants aged 5-6 months was held in four neighborhoods in January 2020. In-depth interviews were also conducted with the relatives of breastfeeding mothers and health care providers. There were 29 interviewees in total, including 21 nursing women, 4 families, and 4 health staff. The goal of this research is to look into exclusive breastfeeding knowledge, practice, and decision making.

A field research team of two people, including facilitators and minutes, conducted the FGD. Each one implementing midwife aided in the preparation for the dialogue. The informant group consists of mothers with babies aged 5-6 months. This is done to collect more thorough information

about the practice of exclusive breastfeeding and the issues that it encounters. In-depth interviews are also undertaken with breastfeeding mothers' family and health workers to gather further information about factors that may influence exclusive breastfeeding. The study's purpose was presented to all informants, and they were offered the opportunity to participate. Mothers who want to be informants must first complete a consent form. Group discussions take place at times. Each focus group discussion group consists of only 5-6 mothers to ensure that the topic flows smoothly. Each argument lasts approximately one hour.

A list of questions with probing is used as a guide during the discussion. This covers questions about exclusive breastfeeding knowledge, breastfeeding benefits, nursing practices, and so on.

Colostrum administration, IMD implementation, breastfeeding production, family support, and the obstacles that mothers experience when exclusively breastfeeding All informants are identified numerically rather than by name. The facilitator will describe the methods for holding the conversation, obtain informed permission, and discuss the problem of data confidentiality before the discussion begins. During the session, the hesitant informant will be persuaded of the importance of anonymity in order to create a safe environment for the informant to communicate. Informants were also advised that the conversation would be captured with a recorder and used afterwards by researchers. Braun and Clarke's five-step procedure for thematic analysis was followed. [17], [18]. The first phase is the introduction or interpretation of the obtained data, which is transcribed verbally. All transcribed data is read again by two researchers who did data analysis. The next stage is to compile or build the original code and then compare it to each other. The code should be written as clearly as possible so that the researcher may subsequently use it to better comprehend the meaning of each informant's statement. The third phase is to look for themes that are relevant to the study's objective. To list codes, matrix tables are utilized, and all linked codes are shown in one theme. The final two phases are to examine and refine the prepared themes and to write the report.

III. RESULTS

Three major topics will be covered: information of exclusive breastfeeding, breastfeeding behaviors, and the assistance experienced by moms who are exclusively breastfeeding. Mothers in this study ranged in age from 20 to 53 years old, with education levels ranging from junior high to strata 1. The majority of working mothers are housewives. Understanding of Exclusive Breastfeeding.

The majority of moms have received information about exclusive breastfeeding, however there are still some mothers who have not. Mothers who have heard about exclusive breastfeeding nevertheless have varied ideas about how long they should breastfeed. Certainly, the mother is

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unaware of the length of exclusive nursing.

"The milk you use is beneficial. Breast milk is exclusively provided to children aged 0 to 6 months." "Yes, from birth to 12 months, newborns were entirely breastfed."

"Breast milk is the limit for exclusively breastfeeding newborns under the age of two." "I only know 0 to 2 years." Health staff, particularly midwives, are excellent sources of exclusive breastfeeding knowledge. The woman obtains information during the pregnancy check-up at both, while some others acquire information after giving birth.

"We were provided information on exclusive breast milk during our pregnancy checkup."

"I immediately delivered to the midwife about exclusive breastfeeding after giving birth."

"The milk you use is beneficial. Breast milk is exclusively provided to children aged 0 to 6 months." "Yes, from birth to 12 months, newborns were entirely breastfed."

"Breast milk is the limit for exclusively breastfeeding newborns under the age of two." "I only know 0 to 2 years." Based on the outcomes of interviews with midwives at the center, they have communicated information about exclusive breastfeeding from the beginning of pregnancy to the third trimester. Midwives have long taught breastfeeding techniques and given breastfeeding counseling. They have transmitted information about exclusive breastfeeding from the beginning of pregnancy to the third trimester based on the findings of interviews with midwives. Midwives have also taught breastfeeding skills and have always provided breastfeeding counseling.

"When I was examining ANC in the first trimester, I usually started with exclusive breastfeeding, then during the third trimester I taught how to breastfeed in the delivery room as well as being facilitated by IMD, so how was she so that her mother could breastfeed properly, I also went down to each and every one of her mothers."

"We only socialize the benefits as health practitioners." The benefits of exclusive breastfeeding and how her mother can technically breastfeed exclusively"

Essentially, all mothers recognize the importance of exclusive breastfeeding. According to the mother, the benefits of exclusive breastfeeding include an increase in the baby's immune system, the fact that breast milk contains a lot of material that formula milk does not, and the development of babies who are fed breast milk more swiftly. All women are aware that newborns should be given their first breast milk soon after birth, but in practice, a tiny percentage of moms do not directly administer breast milk after birth since there is no milk production and the nipple is not visible.

"The newborn is not given breast milk immediately; you have time due to a shortage of water, and you have nipples."

"I did not offer direct breast milk because it was treated after only three days, but my milk came out, so I gave formula milk from the first to the third day."

Exclusive Breastfeeding Practices

All women understand that exclusive nursing is very healthy for babies and that formula milk can never replace breast milk, yet in fact, most moms do not provide their babies exclusive breastfeeding. The mother gave several reasons, including the fact that the baby continued to cry and no breast milk came out, the mother's perception that breast milk production was insufficient to meet the needs of the baby, the mother had to work outside the home, and the baby suffered from icterus due to a lack of fluids, necessitating the administration of extra formula milk [2].

"Yesterday, up to the age of 3 months, because I had a yellow body, my sister-in-law said maybe she was lacking breast milk... true if there was a lot of breast milk, but this child was breastfeeding, so I said, I said I gave the formula milk because of her bad yellow color, maybe it was less thankful to less thankful. Is this ASI or something..."

"Iye because you came out of my milk so formula milk is given" "From the start, the milk is actually just a little because maybe the child is also a factor, he said, he is stronger drinking his milk and the mothers cry how it feels, hh ee suctioned, but you have really really painful left and right noodles." How long ago was I still sometimes drinking milk milk?"

"Because it always turns out to be a child who is entrusted to my in-laws and grandmother."

Some mothers may complain about a lack of milk production. According to the mother, the reason of breast milk is not only due to food or nutritional elements, but also due to mental aspects. According to moms, stress has a significant impact on their milk production.

"Yes, eat a lot, but don't relax too much."

"I am also Mauki's mother-in-law, throwing a temper tantrum in order to swiftly eliminate my breast milk," she says.

"Ee stress is that if stress is done, consider a youngster who is still breastfeeding."

Yes, it has a significant impact on stress, but work also has a significant impact."

Nonetheless, the majority of mothers continue to breastfeed exclusively. This is due to the direct benefits enjoyed by the mother during breastfeeding, such as saving family expenditures, being efficient, and the infant not being easily ill.

"If exclusive nursing fails to awaken, noodles make milk... hhh it's no longer purchasing milk."

"First, take it from your parents: don't spend money and drink enough of water." Second, Allah instructs us in what surah that sweeps up to the age of two years, and I believe that it is the nature of the woman to breastfeed."

"Because it saves more money... hh because it's also better for the body's immune than formula milk"

In the practice of breastfeeding, moms who provide exclusive breastfeeding breastfeed in both breasts most of

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the time, while some are more dominant in the right or left breast due to the assumption that breast milk is more concentrated in one breast. Breastfeeding lasts 30-40 minutes, or until the infant is content and walks away on its own.

"If the first suckle must be right initially, then left again, ee intermittent intermittent"

"If that's the case, this infant should have enough of breast milk, because she offers you a small pity till 2 hours, I generally provide milk again, maybe there are 9 times it might be up because she is simply breastfeeding and continuing."

"More right, more milk right"

Family Support and Health Workers in Breastfeeding

Mothers require strong support from their husbands, families, and health care providers. The support that moms receive is a powerful motivator that can help them provide breast milk and overcome the hurdles that they confront during breastfeeding. Some mothers claimed that they were still not receiving adequate family assistance.

"If my family does not allow the use of formula milk, it is recommended that what is good for your child is breast milk because it is more helpful and healthy."

"His experience was that on the first day, when my parents came home instantly, all of my work that made no ASI also decreased quickly, even if there were ASI parents until the floods, but when my parents came home, I worked alone, and all of the ASI immediately decreased."

"Yes, the work-at-home problem is too heavy, and it affects ASI because we don't feel at home; there are no parents, so there is no one to help; so all of us who do homework wash, sweep, mop, cry for a little longer, and go out there again; there is no problem. endorsement"

According to interviews with nursing mothers' family, the majority were quite supportive of their mothers' breastfeeding. They support moms in a variety of ways, such as encouraging women to constantly consume nutritional meals for optimal milk production or reminding mothers to always breastfeed their newborns.

"Normally, I tell them to eat peanuts, eat peanuts, eat peanuts... to get a lot of breast milk."

"I used to tell you all the time that when you sleep, your child doesn't sleep for long... give me a suckling, something like that. It's okay for the kids to fall asleep at times... they appear to be saying that their parents don't need to go to bed because it's nice to sleep... it's normal... so we'll wake up first and then breastfeed again."

Efforts to push mothers to donate breast milk are still recommended, but health experts believe that family support is a crucial role in the success of exclusive breastfeeding.

"We offer a lot of counseling and inspiration to the first mother, because it is usually from the mother that the second child comes into the family. We also help with IMD. The second is counseling to the companion with the family, because generally the problem is not limited to individuals

around, such as spouses and grandmothers, especially if they watch a weeping baby, there is no content yet.

"Yes, the role of the family... is in-law, mama plays an essential part, even if it means that we must also remind police. So, whenever I go down, I always give breast milk guidance."

IV. DISCUSSION

The factor of knowledge has a significant impact on nursing success. Breastfeeding is a difficult chore for women. Mothers who know how to cope with and solve problems will have a better chance of successfully breastfeeding their newborns [19]. The results of Heidari's research (2017) Furthermore, proper knowledge and good nursing skills have a significant impact on breastfeeding success [20]. Furthermore, adequate information and nursing skills play an important role in breastfeeding success [21] [22] [23]. A 2016 study by Mogre et al. revealed that 74% of women in the study had general knowledge of exclusive breastfeeding [22], while a 2016 study by Dun-Dery & Laar reported that practically all moms (98%) who participated in the study had acceptable knowledge of exclusive nursing [21]. Mothers' information about exclusive breastfeeding was acquired from health care providers during the antenatal and postnatal periods [22].

This study also shows that while all mothers understand that exclusive breastfeeding is very beneficial for babies, most mothers do not practice it for a variety of reasons, including the baby continuing to cry, not coming out, and the mother's perception that breast milk production is insufficient to meet the baby's needs, so she gives formula milk. Inadequate appraisal of breast milk production is another factor impacting exclusive breastfeeding failure in Malaysia [24]. The Buss study (2019) It was also shown that seven out of eleven moms with previous children ceased nursing due to a lack of milk [25]. This is a common concern among new breastfeeding mothers. Evidence suggests that if mothers nurse properly, they will never run out of breast milk [26].

According to Huang et al. (2017)'s research, the three main reasons why moms supplied formula milk were insufficient milk supply (65.9%), concerns that breast milk was insufficient (12.3%), and pressure from family members (7.7%) [27]. The most prevalent reasons for formula feeding are insufficient milk consumption or the feeling of insufficient milk production [28], [29]. Some of the causes of low milk production suggested include limited breast growth during pregnancy and previous breast surgery [30] as well as inadequate milk extraction The most prevalent reason of insufficient milk intake is poor nursing patterns in the early postpartum period [31].

Family support and health workers are also essential for exclusive breastfeeding success. According to the findings of this study, moms who do not receive proper assistance tend to have insufficient milk supply. Choo and

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Ryan (2016) reported in a qualitative study that support from family, partners, and the wider community considerably aided moms in continuing to breastfeed [32]. Similar findings were reported in previous studies by Jessri et.al. [33] and Hjalmlult & Lomborg [34] When societal support enables moms to continue breastfeeding in the face of initial difficulties. In a qualitative synthesis paper by McInnes and Chambers [35] It was discovered that moms may value social support (from a mother, friend, or partner) more than health professional support. Qualitative research by Joseph & Earland (2019) The study also reveals that moms can exclusively breastfeed their kids for 4 months with the approval of their husbands, as indicated during an antenatal clinic appointment. This demonstrates the significance of incorporating the husband in a breastfeeding promotion approach [36].

V. CONCLUSION

Breastfeeding is a major global public health issue. This review demonstrates that information of exclusive breastfeeding, awareness of breastfeeding methods, and social support (family, husband, and health workers) are all elements that can influence exclusive breastfeeding success. Beginning and sustaining, breastfeeding is still a difficulty for women today, thus understanding exclusive breastfeeding, nursing legislation, and social support can all help with breastfeeding success.

REFERENCES

- I. WHO, "Children: reducing mortality," 2019. [Online]. Available: <https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality>.
- II. M. J. Sankar et al., "Optimal breastfeeding practices and infant and child mortality: A systematic review and meta- analysis," *Acta Paediatr. Int. J. Paediatr.*, Vol. 104, pp. 3–13, 2015.
- III. UNICEF, "Breastfeeding," 2015. [Online]. Available: https://www.unicef.org/nutrition/index_24824.html
- IV. WHO / UNICEF, "Global Nutrition Target 2025.Breastfeeding Policy Brief. WHO/MNH/NHD 14.7," p. 8, 2012.
- V. Ministry of Health, "DATIN info (Center for Data and Information of the Ministry of RI)," Ministry.Healthy. RI, pp.1–7, 2018.
- VI. e-L. of E. for N.A.(eLENA), "Exclusive breastfeeding for optimal growth, development and health of infants,"WHO,2019.[Online].Available: https://www.who.int/elena/titles/exclusive_breastfeeding/en/%0D.
- VII. F. A. Ogbo, H. Nguyen, S. Naz, K. E. Agho, and A. Page, "The association between infant and young child feeding practices and diarrhea in Tanzanian children," *Trop. Med Health*, vol. 46, no. 1, pp. 1–9, 2018.
- VIII. L. M. Lamberti et al., "Breastfeeding for reducing the risk of pneumonia morbidity and mortality in children under two: A systematic literature review and meta-analysis," *BMC Public Health*, vol. 13, no. SUPPL.3, 2013.
- IX. N. M. Frank et al., "The relationship between breastfeeding and reported respiratory and gastrointestinal infection rates in young children," *BMC Pediatr.*, Vol. 19, no. 1, p. 339, 2019.
- X. M. M. Grube, E. Von Der Lippe, M. Schlaud, and A. K. Brettschneider, "Does breastfeeding help to reduce the risk of childhood overweight and obesity? A propensity score analysis of data from the KiGGS study," *PLoSOne*, vol. 10, no. 3, 2015.
- XI. J. W. Lee, M. Lee, J. Lee, Y. J. Kim, E. Ha, and H. S. Kim, "The protective effect of exclusive breastfeeding on overweight / obesity in children with high birth weight," *J. Korean Med. Sci.*, Vol. 34, no. 10, pp. 1–9, 2019.
- XII. J. Yan, L. Liu, Y. Zhu, G. Huang, and P. P. Wang, "The association between breastfeeding and childhood obesity: A meta-analysis," *World Rev. Nutr. Diet.*, Vol. 114, pp. 110–111, 2016.
- XIII. A. Ulfah, "Barriers to Optimal Exclusive Breastfeeding Practices in Indonesia: What Leaders Say,"no. October 2016.
- XIV. Z. Atika, H. Salimo, and Y. L. R. Dewi, "Multilevel Analysis on the Determinants of Exclusive Breastfeeding at Gunung Anyar Community Health Center, Surabaya, Indonesia," *J. Matern. Child Heal.*, Vol. 03, no. 03, pp. 76–183, 2018.
- XV. P. Lenggogeni, "Examining Exclusive Breastfeeding Practice in Indonesia, and Its Association to Maternal Socio- Demographic Determinants, to Information Intervention Efforts Aimed at Reducing Infant Mortality," 2016.
- XVI. E. Yohmi, N. S. Marzuki, E. Nainggolan, I. G. A. N. Partawi, B. H. Sjarif, and H. Oswari, "Prevalence of exclusive breastfeeding in Indonesia: a qualitative and quantitative study," *Paediatr. Indonesia.*, Vol. 55, no. 6, p. 302, 2016.
- XVII. V. Braunand V. Clarke, "Using the static analysis in psychology," *Qual. Res. Psychol.*, Vol. 3, pp. 77–101, 2006.
- XVIII. H. Heriyanto, "Thematic Analysis as a Method of Analyzing Data for Qualitative Research," *Anuva*, vol. 2, no. 3, p.317, 2018.
- XIX. L. Handayani, A. Mohd Kosnin, and Y. Kee Jiar, "Breastfeeding Education in Terms of Knowledge and Attitude through Mother Support Group," *J. Educ. Learn.*, Vol. 6, no. 2, p. 65, 2012.
- XX. M. K. Zeinab Heidari, Shahnaz Kohan, "Empowerment in breastfeeding as viewed by

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- women: A qualitative study," *J. Educ. Health Promot.*, Vol. 6, 2017.
- XXI. E. J. Dun-Dery and A. K. Laar, "Exclusive breastfeeding among city-dwelling professional working mothers in Ghana," *Int. Breastfeed. J.*, vol. 11, no. 1, pp. 1–9, 2016.
- XXII. V. Mogre, M. Dery, and P. K. Gaa, "Knowledge, attitudes and determinants of exclusive breastfeeding practices among rural lactating mothers," *Int. Breastfeed. J.*, vol. 11, no. 1, pp. 1–8, 2016.
- XXIII. O. Mo, U. As, and Ahmed H, "Knowledge and practice of exclusive breastfeeding in Kware, Nigeria," *Afr. Health Sci.*, Vol. 11, no. 3, pp. 518-53, 2011.
- XXIV. D. SINNIH, F. M. CHON, and J. AROKIASAMY, "Infant Feeding Practices Among Nursing Personnel in Malaysia," *Acta Paediatrica*, vol. 69, no. 4, pp. 525-529, 1980.
- XXV. I. M. Buss, "Knowledge, attitudes and behaviors towards exclusive breastfeeding among mothers in Sarawak, Malaysia: A qualitative study," *Int. Med J. Malaysia*, vol. 18, no. 1, pp. 45–54, 2019.
- XXVI. J. C. Kent, D. K. Prime, and C. P. Garbin, "Principles for Maintaining or Increasing Breast Milk Production," *JOGNN J. Obstet. Gynecol. Neonatal Nurs.*, Vol. 41, no. 1, pp. 114–121, 2012.
- XXVII. P. Huang, J. Ren, Y. Liu, B. Luo, and X. Zhao, "Factors affecting breastfeeding adherence among Chinese mothers: A multicenter study," *Med. (United States)*, vol. 96, no. 38, 2017.
- XXVIII. E. M. Taveras et al., "Breastfeeding Discontinuation," *Pediatrics*, vol. 112, no. 1, pp. 108–115, 2003.
- XXIX. F. Ladomenou, A. Kafatos, and E. Galanakis, "Risk factors related to intention to breastfeed, early weaning and suboptimal duration of breastfeeding," *Acta Paediatr. Int. J. Paediatr.*, Vol. 96, no. 10, pp. 1441–1444, 2007.
- XXX. K. Michalopoulos, "The effects of breast augmentation surgery on the future ability to lactate," *Breast J.*, vol. 13, no. 1, pp. 62–67, 2007.
- XXXI. K. G. Dewey, L. A. Nommsen-rivers, M. J. Heinig, and R. J. Cohen, "Onset of Lactation, and Excess Neonatal Weight Loss," *Pediatrics*, vol. 112, no. 3, pp. 607–619, 2015.
- XXXII. P. J. Choo and K. Ryan, "A qualitative study exploring first time mothers' experiences of breastfeeding in Singapore," *Proc. Singapore Healthc.*, Vol. 25, no. 1, pp. 5–12, 2016.
- XXXIII. M. Jessri, A. P. Farmer, and K. Olson, "Exploring Middle-Eastern mothers' perceptions and experiences of breastfeeding in Canada: An ethnographic study," *Matern. Child Nutr.*, Vol. 9, no. 1, pp. 41–56, 2013.
- XXXIV. E. Hjalhmult and K. Lomborg, "Managing the first period at home with a newborn: A grounded theory study of mothers' experiences," *Scand. J. Caring Sci.*, Vol. 26, no. 4, pp. 654–662, 2012.
- XXXV. R. J. McInnes and J. A. Chambers, "Supporting breastfeeding mothers: Qualitative synthesis," *J. Adv. Nurs.*, Vol. 62, no. 4, pp. 407-427, 2008.
- XXXVI. F. I. Joseph and J. Earland, "A qualitative exploration of the sociocultural determinants of exclusive breastfeeding practices among rural mothers, Northwest Nigeria," *Int. Breastfeed. J.*, vol. 14, no. 1, pp. 1–11, 2019.
- XXXVII. H. H. Idrus and Y. Mangarengi, "Effectiveness of Tuberculosis Control by Including Dots in the Scope of Work of Tamalanrea Puskesmas of 2010," 2018.
- XXXVIII. H. H. Idrus, M. Hatta, V. N. Kasim, A. F. Achmad, Yusriani Mangarengi, and S. Rijal, "Molecular Impact on High Motility Group Box-1 (HMGB-1) in Pamps and Damp," *Indian J. Public Heal. Res. Dev.*, vol. 10, no. 8, 2019.