



Promotion of Exclusive Breastfeeding Through Drinking “Uyup-Uyup” Herbal

Colti Sistiarani^{1✉}, Erna Kusuma Wati², Setiyowati Rahardjo³

^{1,3}Public Health, Faculty of Health Sciences, Jenderal Soedirman University, Indonesia

² Nutrition Science, Faculty of Health Sciences, Jenderal Soedirman University, Purwokerto

Article Info

Article History:

Submitted May 2023

Accepted June 2023

Published January 2024

Keywords:

exclusive; breastfeeding; herbal; mothers; promotio

DOI

<https://doi.org/10.15294/kemas.v19i3.34093>

Abstract

The tradition of mothers after giving birth is that they usually drink uyup-uyup herbal. Uyup-uyup herbal is believed to facilitate the release of breast milk. Therefore, many mothers drink a traditional drink called uyup-uyup herbal during the postpartum period. This study aimed to treat the role of herbalists as agents of change in promoting exclusive breastfeeding. This study intervention trained uyup-uyup herbalists. Trained Uyup-uyup herbalists then practiced promoting exclusive breastfeeding to breastfeeding mothers. The quantitative study used a quasi-experimental research design to determine the treatment effect of exclusive breastfeeding promotion. The treatment group was located in the Bojongsari District and the control group was in the Padamara district. The number of samples in the treatment group and the control group respectively by 40 breastfeeding mothers. The results showed the differences in knowledge and attitudes about exclusive breastfeeding in the treatment group. From these results, efforts to promote exclusive breastfeeding can be carried out through intermediaries uyup-uyup herbalists to mothers.

Introduction

Exclusive breastfeeding is influenced by various factors such as demographics, physical, social, and psychological. Demographic factors are age, marital status, level of education, and nutrition supplementation. Biological factors, namely the adequacy of breast milk, infant health problems, maternal obesity, maternal psychological changes, smoking, parity, and aid delivery. Social factors are income, maternal employment, support for families and health professionals, mother's intention, and mother's confidence (Thulier & Mercer, 2009).

Risk factors for potential lactation problems are divided into 4 categories related to (1) maternal history, (2) infant history, (3) maternal physical examination findings, and/or (4) infant physical examination findings (Flagg & Busch, 2019). These risk factors may be modified by the mother and include (1) lack of prenatal breastfeeding education; (2) social support factors (related to breastfeeding

experience or cultural beliefs); (3) history or other stressors; (4) late or lack of prenatal care; (5) pain management during labor (6) use of hormonal contraception postpartum (7) ingested or intravenous substance use and (8) plan to return to work within 6 months postpartum (Abdulwadud & Simpson, 2006). The more risk factors present, the more likely breastfeeding problems will arise. When risk factors are recognized and utilized in conjunction with individual concerns identified in the home visit, education, and interventions can be initiated to promote successful breastfeeding.

Milinga's study stated that 53.8% of breastfeeding mothers use herbs to overcome barriers related to breastfeeding. Most breastfeeding mothers, namely 81%, use herbs made from black pepper but discuss the usage with health care providers. The practice of using herbal among nursing mothers in Tanzania is still popular. (Milinga *et al.*, 2022). Important

✉ Correspondence Address:
Jenderal Soedirman University, Dr. Soeparno 60, Karangwangkal, Purwokerto
Central Java, Indonesia
Email: coltisistiarani@yahoo.co.id

factors affecting women's consumption patterns of health products are related to traditions, namely group identity, cultural background, and social environment. Sociological theory related to factors that contribute to the use of herbs among Nigerian women. The cultural, social, and economic way of choosing goods is a factor related to this. (Omoye, 2017). 37.0% of mothers used herbs during breastfeeding, but very few users of herbs, which is 2.1%, to facilitate breastfeeding. Changes in diet to increase milk supply, namely as much as 93.9%, only 11.4% of breastfeeding women disclosed their use of herbs to health care providers (James *et al.*, 2019).

In Australia, only 60% are breastfeeding and 16% are exclusively breastfeeding. Galactagogues is a term used to describe the substances that are thought to increase breast milk production. Galactagogues are dietary or herbal supplements, such as oats or fenugreek, and pharmaceutical treatments like domperidone. Approximately 1 out of 6 women report starting galactagogues within the first week postpartum. Galactagogue use ranges from 2 to 20 weeks (James *et al.*, 2019). Chao's research stated the use of Chinese herbal medicine in Taiwan during pregnancy and the postpartum period: A population-based cohort study results showed that 33.6% of 369 respondents used herbal medicine. A total of 87.7% had consumed herbal medicine during pregnancy and in the postpartum period.

Health promotion is an effort to help people be able to carry clean and healthy behavior to help themselves, through learning with the community, as local culture and supported by policy community-based health, which is empowerment of communities formed based on the needs of society, managed with the community of health center personnel, cross-sector, and other relevant institutions. Clean and healthy behaviour in the household is an attempt to empower members of the household to know, be willing, and be able to carry out a clean and healthy living behaviour and participation in the public health movement. One of the indicators of clean and healthy living behavior at the household level is exclusive breastfeeding.

One of the community involvements is

the herbalist community because mothers still believe in the habit practice of herbal drinks, which can be attributed to the perception of smooth breastfeeding. Breast milk adequacy in the herbal drink tradition is a means of treatment to see the extent to which the herbalists' role in promoting adequacy of breast milk for the mother. That is expected to change the perception of mothers in assessing the adequacy of breast milk. It will change the perception of mothers to breastfeed infants exclusively to the fullest.

The herbalist community believes in interacting with the mother through the provision of messages/ information regarding perceptions of the adequacy of breast milk. It also believes the mother during the traditions of herbal drink. That habit can support the health of the mother after birth so the milk supply becomes more. Herbalists can also provide psychological support to the mother as well as participate empathetic and able to communicate in accordance with the cultural and family backgrounds of mothers in breastfeeding and promotional signs of adequacy of exclusive breastfeeding. Promotion of exclusive breastfeeding only relied on midwives and volunteers to improve the coverage of exclusive breastfeeding, so there is a need for efforts by the herbal holding community to increase breast milk adequacy.

Method

This study used a quantitative research design. This research was conducted in Purbalingga in May - October 2015. Quantitative research was conducted to determine the effect of exclusive breastfeeding promotion by herbalists on breastfeeding mothers. The quantitative research study design used a non-randomized control group pretest-posttest design. The method of delivering material used a module tool that contains the meaning of exclusive breastfeeding, its benefits, factors related to exclusive breastfeeding, and signs of breastfeeding adequacy. The effectiveness of the training was measured through the pretest and posttest Knowledge, Attitudes and Practices (KAP) for the promotion of breast milk, a sign of adequacy of breast milk for sellers of herbal medicine uyup-uyup. The population in

this study were all sellers of uyup-uyup herbal medicine located in Bojongsari District. The sample was an herbal medicine seller who sold uyup uyup herbal medicine. Several 40 herbal medicine sellers were taken using a purposive sampling technique with the inclusion criteria of uyup uyup herbal sellers who sold around, were willing to be respondents, and had good communication skills. Exclusion criteria were herbal medicine sellers who did not follow the training until completion and herbal medicine sellers who could not read and write.

This study provided treatment in the form of exclusive breastfeeding promotion training for herbalists in Beji Village of Bojongsari Subdistrict in Purbalingga for the next herbalists. The training for uyup-uyup herbalists was carried out for 3 days. The materials provided were the benefits of uyup-uyup herbal which is useful for stimulating the flow of breast milk, health promotion techniques to provide breastmilk exclusively, and the practice of promoting exclusive breastfeeding to breastfeeding mothers who consume uyup-uyup herbal. Then, herbalists with the best scores for the assessment of knowledge, attitudes, and herbalist skills, will be elected to promote exclusive breastfeeding to mothers who become their customers. Mother samples were divided into the treatment group (Subdistrict of Bojongsari) and the comparison group (Subdistrict of Padamara). In each group, exclusive breastfeeding knowledge and attitudes of mothers are measured. Measurements were made through a pretest and posttest assessment to determine differences in knowledge and attitudes before and after the treatment. Sampling was based on the calculation of a minimum sample. The sample size was calculated using the following formula:

$$n = \frac{Z^2_{1-\alpha/2} \cdot P \cdot (1-P) N}{d^2 (N-1) + Z^2_{1-\alpha/2} P (1-P)}$$

$$n = \frac{1,962 \cdot 0,5 \cdot 0,5 \cdot 634}{0,15^2 (634-1) + 1,96^2 \cdot 0,5 \cdot 0,5}$$

$$n = 40 \text{ mothers}$$

The sampling used purposive sampling, so the sample used 80 breastfeeding mothers

consisting of 40 mothers who have babies 0-6 months promoted by trained herbalists (treatment group) and 40 breastfeeding mothers who have babies 0-6 months received exclusive breastfeeding promotion by midwives when antenatal care (the control group). Inclusion criteria treatment groups were breastfeeding mothers who buy uyup-uyup herbal from their subscription herbalist, and breastfeeding mothers who reside in the District of Bojongsari. Exclusion criteria were mothers who were not willing to become respondents. The inclusion criteria control group were breastfeeding mothers who bought uyup-uyup herbal from untrained herbalists and breastfeeding mothers who received information from health professionals during pregnancy.

The exclusion criteria were mothers who were not willing to become respondents. The validity that was used in this study is construct validity. This questionnaire was done on the validity to be analyzed using product moment correlation. Validity testing was done by comparing the test result with the p-value. These results used indicators p-value since the value of $p < 0.05$, so it can be valid. Reliability testing was done by comparing the test results with Cronbach alpha values. Ethical Considerations in this study were conducted by the research ethics approval filed (Ethical Clearance) to the Commission on Ethics and Development Agency Indonesian Health Ministry. The results obtained permit the filing of an ethics research Number. LB.02.01/5.2/ KE266/2015 dated May 5, 2015. The data collection method was done by interviewing with a questionnaire. Mothers prove this willingness in the research activities using signed informed consent after receiving explanations. Explanations of mothers carried out in the study were to include the confidentiality of research results. This study also did not have a negative impact on mothers. Univariate and bivariate analyses were performed by paired t-test, Wilcoxon test, and Mann-Whitney test.

Results and Discussion

Table 1 shows the majority of mothers who had levels of education graduated junior high school level at 57.5% in the treatment group and 37.5% in the comparison group.

Table 1. Characteristics of Treatment Group and Control Group

| No | Characteristic | Category | Treatment | | Control | |
|----|------------------------|------------------------------|-----------|------|---------|------|
| | | | f | % | f | % |
| 1. | Maternal Education | Incomplete | 0 | 0 | 1 | 2,5 |
| | | Primary School | 8 | 20 | 8 | 20 |
| | | Junior High School | 23 | 57.5 | 15 | 37.5 |
| | | Senior High School | 7 | 17.5 | 14 | 35.0 |
| | | Higher Education | 2 | 5 | 2 | 5 |
| 2. | Maternal Occupation | Housewives | 31 | 77.5 | 27 | 67.5 |
| | | Employee | 1 | 2.5 | 2 | 5 |
| | | Entrepreneur | 1 | 2.5 | 2 | 5 |
| | | Labor | 5 | 12.5 | 7 | 17.5 |
| | | Etc | 5 | 12.5 | 2 | 5 |
| 3. | Maternal Occupation | < 20 Year | 2 | 5 | 3 | 7.5 |
| | | 20 – 35 Year | 32 | 80 | 33 | 82.5 |
| | | > 35 Year | 6 | 15 | 4 | 10 |
| 4. | Breastfeeding Practice | Breast Milk | 25 | 62.5 | 20 | 50 |
| | | Breast Milk and Formula Milk | 15 | 37.5 | 20 | 50 |

Most mothers do not work, with the amount of 77.5% in the intervention group and 67.5% in the control group. Maternal age in the intervention groups, most age range 20-35 years by 80%, and 82.5% in the control group. Breastfeeding practices were more common in the intervention group, namely 62.5% compared to the control group, namely 50%.

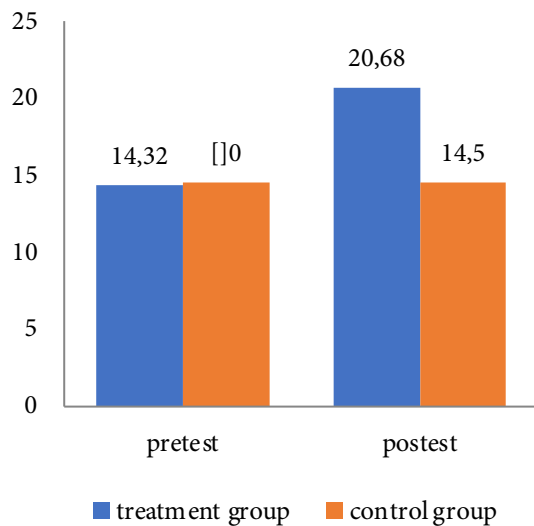


Figure 1. Differences in Knowledge of Exclusive Breastfeeding.

Figure 1 shows an increase in the average value of pretest and posttest knowledge of the treatment group and the results generated

Wilcoxon test p-value = 0.000 indicates the average difference before and after treatment. In the comparison group, there was no increase in the average value between before and after treatment, and also not statistically significant (Wilcoxon test p-value = 0.655). Before treatment the average value of the comparison between the group treated with almost the same and the results obtained by Mann Whitney test p-value = 0.988, so it is not statistically significant. After treatment, the average value of treatment is higher, and statistically no difference in average value between the treatment group and the comparison at the time of the posttest with a Mann Whitney test p-value of 0.000.

There is a difference in exclusive breastfeeding knowledge in breastfeeding mothers in the treatment group and the comparison group after exclusive breastfeeding promotion treatment in the breastfeeding mothers' treated group. The study showed there is an increase in exclusive breastfeeding knowledge scores in breastfeeding mothers' treated group after the promotion of exclusive breastfeeding by herbalists. Health education through health promotion of exclusive breastfeeding promotion conducted by herbalists to breastfeeding mothers who become their customers. The results of this study indicate that there are differences in knowledge

and attitude of breastfeeding mothers who receive exclusive breastfeeding promotion treatment, compared with a control group that did not receive the treatment on the promotion of exclusive breastfeeding by herbalist.

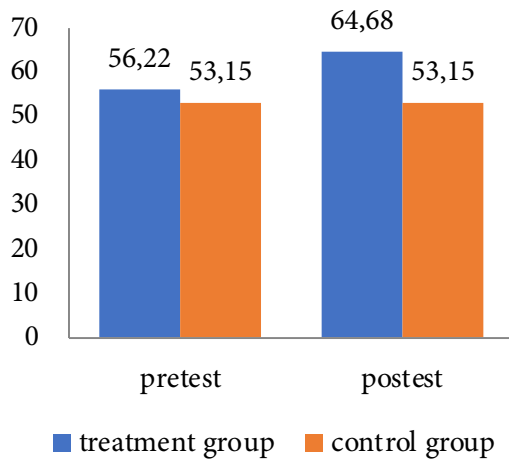


Figure 2. Differences in Attitude of Exclusive Breastfeeding

Figure 2 shows that in the treatment group, there is an increase in the average value of attitudes between before and after, and statistically by the Wilcoxon test obtained by value $p = 0,000$ so it proved no significant

difference. While the control group average values of the pretest and posttest are similar and statistically by Wilcoxon $p = 0.100$ value was obtained so it proved no significant difference. Before treatment, the average value of attitude was higher in the treatment group and statistically proved no significant difference ($p = 0.01$ Mann Whitney test). After the treatment score of attitude in the treatment group improved more and statistically by Mann Whitney test obtained by value $p = 0,000$ so it proved no significant difference. There is a difference in attitude between the treatment and breastfeeding mothers comparison groups can be caused due to an increase in the attitude of the treatment group due to the positive perception of respondents regarding the promotion of exclusive breastfeeding conducted by herbalists.

In this study, there were differences in the knowledge of exclusive breastfeeding among breastfeeding mothers in the treatment group and the comparison group after being given exclusive breastfeeding promotion treatment by herbalists. Education about breastfeeding and breastfeeding helped to improve breastfeeding knowledge and breastfeeding

Table 2. Test Analysis Knowledge and Attitude in the Treatment Group and Control Group

| Difference Test | Variable | Mean | SD | Test Used | p-value | α | Conclusion |
|------------------------|----------------------|-------|------|-------------------|---------|----------|-------------------------|
| Treatment Group | Knowledge(Pretest) | 14,32 | 2,49 | Wilcoxon test | 0,000 | 0,05 | Difference Knowledge |
| | Knowledge(Post-test) | 20,68 | 2,09 | | | | |
| Control Group | Attitude (Pretest) | 56,22 | 6,20 | Wilcoxon test | 0,000 | 0,05 | Difference Attitude |
| | Attitude(Post-test) | 64,68 | 6,49 | | | | |
| Treatment group | Knowledge(Pretest) | 14,50 | 2,57 | Wilcoxon test | 0,655 | 0,05 | No difference Knowledge |
| | Knowledge(Post-test) | 15,40 | 6,77 | | | | |
| Control Group | Attitude(Pretest) | 53,15 | 5,59 | Wilcoxon test | 0,10 | 0,05 | No difference Attitude |
| | Attitude(Post-test) | 53,50 | 5,54 | | | | |
| Treatment With Control | Knowledge(Treatment) | 20,68 | 2,09 | Mann Whitney test | 0,000 | 0,05 | Difference Knowledge |
| | Knowledge(Control) | 14,50 | 6,77 | | | | |
| Treatment With Control | Attitude (Treatment) | 64,68 | 6,49 | Mann Whitney test | 0,000 | 0,05 | Difference Attitude |
| | Attitude(Control) | 53,50 | 5,54 | | | | |

practices (Radhakrishnan & Balamuruga, 2012). Breastfeeding beliefs, knowledge, and self-efficacy could also be increased through interpersonal communication and mass media campaigns (Nguyen *et al.*, 2016).

The comparison group who was not given health education did not experience the treatment process which is the process of providing information on the herbalists to breastfeeding mothers. Health education is a learning process that can lead to a process of growth, development, and change for the better. Breastfeeding mothers can interact with herbalist treatment groups so that from there the interaction changes from not knowing to knowing and being able to do something unusual. Learning is a process that attempts a person to obtain a change in behavior as a whole, as a result of his own experience in interaction with the environment. The learning process does not only come from treatment provided by the promoter but can be done by people who are considered closer and have better knowledge.

Two educational interventions targeted expectant mothers; one involved a 2-session educational program with the provision of a breastfeeding booklet in Iraq reported a significant improvement in knowledge and change in attitude about breastfeeding among participants compared to the control group ($p < 0.001$) (Piro & Ahmed, 2020) and another was delivered via mHealth in Saudi Arabia and reported an increase in intention to exclusively breastfeeding: 80.8% compared to 46.1% pre-intervention (46.1%) (Alnasser *et al.*, 2018). Previous exclusive breastfeeding experience is expected to predispose patients to future exclusive breastfeeding. However, as experts indicate, we should focus on providing objective information about the time and effort required for breastfeeding and help women set challenging and achievable goals, according to their current situation (Spatz, 2017; Santamaría-Martín *et al.*, 2022).

A person's attitude may change by obtaining additional information about a particular object. Attitudes can be formed based on feelings, thoughts, knowledge, beliefs, and past experiences. In this study, the group that was given exclusive breastfeeding

promotion treatment by herbalists had a higher attitude score. In Ichsan's research, it was found that there are significant differences between the knowledge and attitudes about exclusive breastfeeding of mothers who were members of the mothers' support group program and those who were not members of the program. Mothers who are members of the mothers' support group program have better knowledge and attitudes about exclusive breastfeeding (Ichsan *et al.*, 2015). Based on research by Yulidasari, it is known that there is a relationship between health workers' support and culture of exclusive breastfeeding with the status of exclusive breastfeeding in Sungai Ulin Community Health Center (Yulidasari *et al.*, 2017).

In this study, there was a difference in attitude between the treatment and breastfeeding mothers' comparison groups after being given exclusive breastfeeding promotion treatment by herbalists. Improved understanding is possible to be considered to determine the mother's attitude toward exclusive breastfeeding. Most infants today still do not receive the full benefits of breastfeeding, leaving millions at unnecessary risk of illness and death, and most health workers lack the skills needed to help mothers improve (Yasser Abulreesh *et al.*, 2021). Attitudinal issues that pose barriers to exclusive breastfeeding. Most of our participants' responses to those questions addressing negative attitudes to breastfeeding were unfavorable.

Based on research by Yasser Abulreesh *et al.*, an overall score of breastfeeding attitudes averaged 59.6 ± 7.3 , the tendency for scoring a negative attitude to breastfeeding was significantly reported ($p < 0.5$) among 31- to 40-year-old mothers, bachelor's degree holder, employees, and barriers mother's sickness and work. Efforts to minimize such negative attitudes and barriers among susceptible mothers are warranted (Shaheen *et al.*, 2018). Breastfeeding mothers have a positive perception of exclusive breastfeeding promotion treatments that herbalists do to breastfeeding mothers. Mothers misunderstand certain signs in children and consider breast milk to be insufficient. There is a positive attitude toward exclusive breastfeeding among mothers who

do not give exclusive breastfeeding. Mothers' knowledge and attitude were favorable, but it will be optimal if the mothers practice to give exclusive breastfeeding. The motivation given by uyup-uyup herbalists to breastfeeding mothers is one of the factors that encourage mothers to give exclusive breastfeeding by drinking herbal traditions since the drinking of uyup uyup herbs is believed to increase milk production (Perez-Cueto *et al.*, 2009).

Nwosu and Eke noted the study recommends health promotion intervention as a proven method for scaling up knowledge and practice of exclusive breastfeeding in rural communities. Low level of knowledge, worrying about exclusive breastfeeding, resistance to change from cultural imperative, and medical reasons, contribute to low level of practice exclusive breastfeeding. Traditional approach herbal drink made by uyup uyup herbalists was expected to preserve the mother's habit of drinking uyup-uyup herbal. The role of uyup-uyup herbalists in motivating exclusive breastfeeding is a new innovation that can be applied in other places to improve the coverage of exclusive breastfeeding (Nwosu & Eke, 2011).

Implementation of a newborn care package in four health centers in Somalia that included health-training workers and provision of delivery and newborn kids while early initiation of breastfeeding increased from 30.1 to 83.7% with an adjusted odds ratio of 10.6 (95% Confidence Interval: 10.6; $P < 0.014$) (Amsalu *et al.*, 2020). Health education and counseling provided by professionals and non-professional health workers in conducting peer support interventions resulted in some improvements in breastfeeding initiation rates, especially among low-income earners who usually have low education. The most common type of educational or support intervention that can increase the initiation is an informal session delivered in the perinatal period by a trained breastfeeding professional or peer counselor (James *et al.*, 2019).

Breastfeeding efforts sometimes do not reach the target of breastfeeding mothers, so efforts to provide support to them are urgently needed at this time. A multilevel approach was developed from previous research, namely developing education and counseling from

pregnancy to 6 months after delivery. The assessment was implemented and the result was that 44.6% (49/110) of prenatal participants reported that they planned to breastfeed, and 67.0% of delivered participants initiated (Leruth *et al.*, 2017).

Conclusion

There are differences in knowledge and attitudes of breastfeeding mothers in the treatment group and the control group before and after treatment by the promotion of exclusive breastfeeding herbalists. Sustainable promotion of exclusive breastfeeding by herbalists to breastfeeding mothers is supported by the importance of empowering herbalists to promote exclusive breastfeeding. For herb sellers, to maintain and improve the promotion of exclusive breastfeeding behavior of breastfeeding mothers, the Bojongsari health center needs to routinely provide guidance to the community and involve herbalists in the promotion of exclusive breastfeeding.

Acknowledgment

This study funded by Health Research, Humanities Development Center, Health Policy and Community Empowerment, Indonesian Health Ministry to health treatment research study in 2015 entitled "Exclusive Breastfeeding Promotion Through Traditional Herbal Drink Uyup-Uyup by Herb Sellers to Breastfeeding Mother in the Bojongsari Purbalingga District"

References

- Abdulwadud, O.A., & Simpson, M.E., 2006. Interventions in the Workplace to Support Breastfeeding for Women in Employment. *Cochrane Database of Systematic Reviews*, 4.
- Alnasser, Y., Almasoud, N., Aljohni, D., Almisned, R., Alsuwaine, B., Alohal, R., Almutairi, O., & Alhezayena, R., 2018. Impact of Attitude and Knowledge on Intention to Breastfeed: Can mHealth Based Education Influence Decision to Breastfeed Exclusively?. *Annals of Medicine and Surgery*, 35, pp.6–12.
- Amsalu, R., Morris, C.N., Hynes, M., Had, H.J., Seriki, J.A., Meehan, K., Ayella, S., Barasa, S.O., Couture, A., Myers, A., & Gebru, B., 2020. Effectiveness of Clinical Training on Improving Essential Newborn Care Practices in Bossaso, Somalia: A Pre and

- Postintervention Study. *BMC Pediatrics*, 20(1), pp.1–14.
- Flagg, J.A., & Busch, D.W., 2019. Utilizing a Risk Factor Approach to Identify Potential Breastfeeding Problems. *Global Pediatric Health*, 6, pp.0–4.
- James, P.B., Kaikai, A.I., Bah, A.J., Steel, A., & Wardle, J., 2019. Herbal Medicine Use During Breastfeeding: A Cross-Sectional Study Among Mothers Visiting Public Health Facilities in the Western Area of Sierra Leone. *BMC Complementary and Alternative Medicine*, 19(1), pp.1–11.
- Leruth, C., Goodman, J., Bragg, B., & Gray, D., 2017. A Multilevel Approach to Breastfeeding Promotion: Using Healthy Start to Deliver Individual Support and Drive Collective Impact. *Maternal and Child Health Journal*, 21(1), pp.4–10.
- Millinga, V.P., Im, H.B., Hwang, J.H., Choi, S.J., & Han, D., 2022. Use of Herbal Medicines Among Breastfeeding Mothers in Tanzania: A Cross-Sectional Study. *Frontiers in Pharmacology*, 13(April), pp.1–10.
- Nguyen, P.H., Kim, S.S., Nguyen, T.T., Hajeebhoy, N., Tran, L.M., Alayon, S., Ruel, M.T., Rawat, R., Frongillo, E.A., & Menon, P., 2016. Exposure to Mass Media and Interpersonal Counseling has Additive Effects on Exclusive Breastfeeding and Its Psychosocial Determinants among Vietnamese Mothers. *Maternal and Child Nutrition*, 12(4), pp.713–725.
- Nwosu, U.M., & Eke, R.A., 2011. Knowledge and Practice of Exclusive Breast Feeding : Effects of Health Promotion Intervention in Nigeria. *TAF Preventive Medicine Bulletin*, 10(6), pp.657–664.
- Omoye, M., 2017. Cultural Influence in the Consumption of Herbal Medicine Among Nigerian Women: A Theoretical Exploration. *Miscellanea Anthropologica et Sociologica*, 18(8), pp.193–206.
- Perez-Cueto, F., Verbeke, W., Lachat, C., & Remaut-De Winter, A. M. 2009. Changes in Dietary Habits Following Temporal Migration. The Case of International Students in Belgium. *Appetite*, 52(1), pp.83–8.
- Radhakrishnan, S., & Balamuruga, S., 2012. Prevalence of Exclusive Breastfeeding Practices Among Rural Women in Tamil Nadu. *International Journal of Health & Allied Sciences*, 1(2), pp.64.
- Santamaría- Martín, M.J., Martín-Iglesias, S., Schwarz, C., Rico-Blázquez, M., Portocarrero-Nuñez, J.A., Díez-Izquierdo, L., Llamosas-Falcón, L., Rodríguez-Barrientos, R., & Del-Cura-González, I., 2022. Effectiveness of a Group Educational Intervention–Prolact- in Primary Care to Promote Exclusive Breastfeeding: A Cluster Randomized Clinical Trial. *BMC Pregnancy and Childbirth*, 22(1), pp.1–12.
- Shaheen, H.M., Hegazy, N.N., & Sakr, S.S., 2018. The Barriers to Breastfeeding Among Women: A Single-Center Experience. *Menoufia Medical Journal*, 31(3), pp. 855.
- Spatz, D.L., 2017. Say No to Success-Say Yes to Goal Setting. *MCN The American Journal of Maternal/Child Nursing*, 42(4), pp.234.
- Suharmiati & Handayani, L., 2006. *Cara Benar Meracik Obat Tradisional*. Jakarta: Agromedia Pustaka.
- Thulier, D., & Mercer, J., 2009. Variables Associated with Breastfeeding Duration. *JOGNN - Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 38(3), pp.259–268.
- Turkyilmaz, C., Onal, E., Hirfanoglu, I.M., Turan, O., Koç, E., Ergenekon, E., & Atalay, Y., 2011. The Effect of Galactagogue Herbal Tea on Breast Milk Production and Short-Term Catch-up of Birth Weight in the First Week of Life. *Journal of Alternative and Complementary Medicine*, 17(2), pp.139–142.
- Yasser Abulreesh, R., Alqahtani, I.A., Alshehri, Z.Y., Alsubaie, M.A., Alburayh, S.N., Alzamil, N.M., & Alzahrani, H.S., 2021. Attitudes and Barriers to Breastfeeding among Mothers in Princess Nourah Bint Abdulrahman University, Riyadh, Kingdom of Saudi Arabia. *Scientific World Journal*, 2021.
- Yulidasari, F., Rahman, F., & Rani, P., 2017. Health Workers Support, Culture and Status of Exclusive. *Jurnal Kesehatan Masyarakat*, 13(1), pp.7–12.