



## Practice of Early Initiation of Breastfeeding in Sukoharjo Based on the Theory of Planned Behavior and Social Cognitive Theory

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### Abstract

Early initiation of breastfeeding can reduce child mortality. This qualitative study was conducted in Sukoharjo. The topic was the practice of early initiation of breastfeeding in Sukoharjo based on the Theory of Planned Behavior (TPB) and Social Cognitive Theory (SCT). The categories found were the following: 1) there were several obstacles, 2) there were several supports, 3) not all mothers had the intention to practice early initiation of breastfeeding, 4) in general, the hospital had not properly practiced early initiation of breastfeeding, 5) families did not obstruct the practice, 6) not all community health centres implemented early initiation of breastfeeding according to standard, 7) not all birth attendants have appropriate understanding in regard with early initiation of breastfeeding, 8) neighbours did not have knowledge the importance of early initiation of breastfeeding, 9) not all mothers understood or were asked for early initiation of breastfeeding, 10) birth attendants perceived that early initiation of breastfeeding was not a hassle, 11) health workers supported the practice of early initiation of breastfeeding, 12) there were government supports and various sources of information that support the practice, 13) mothers and birth attendants had good health expectations related to the implementation of early initiation of breastfeeding, 14) early initiation of breastfeeding practice standards in Sukoharjo have been partially fulfilled. The conclusion is that the early initiation of breastfeeding in Sukoharjo was already underway but still needed a lot of improvement. When viewed from the TPB and SCT theories, some of the constructs were strong, and many of them were weak. It is recommended that the district health office advocate for the government to make specific regulations related to early initiation of breastfeeding to strengthen the support.

### INTRODUCTION

Breast milk is the best food for babies. WHO provides recommendations regarding optimal breastfeeding. These consist of early initiation of breastfeeding, exclusive breastfeeding, breastfeeding for up to 2 years, and increasing

breastfeeding during illness (Abie & Goshu, 2019). Breastfeeding has benefits for both the baby and the mother (Schmied, Burns & Seehan, 2019). WHO recommends early initiation of breastfeeding within one hour after birth, whereas the proportion of early initiation of breastfeeding

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varies widely between countries (Ekubay, Berhe, & Yisma, 2018).

One of the important indicators in determining the degree of public health is the infant mortality rate. In developing countries, the period of labour and the first week after giving birth is a dangerous time for both mother and baby. About two-thirds of infant deaths usually occur in the neonatal period. About two-thirds of neonatal deaths usually occur in the first week, and two-thirds of infant deaths in the first week usually occur in the first day (Mujiati, 2015).

Early initiation of breastfeeding and exclusive breastfeeding can reduce child mortality. One of the variables that can increase the success of exclusive breastfeeding is the implementation of optimal early initiation of breastfeeding (Mujiati, 2015). Early initiation of breastfeeding also has the benefit of increasing the baby's immune system. Because of these benefits, WHO/UNICEF recommends the implementation of early initiation of breastfeeding (Yuliana et al, 2019).

Breastfeeding initiation has the potential to prevent 22% of neonatal deaths (Tewabe, 2016). Approximately 45% of the risk of newborn death can be reduced by breastfeeding in the first hour after birth (Woldeamanuel, 2020). According to Shobo et al (2020), every year, globally, about 50% of newborns did not get breastfeeding in the first hour of birth.

Most of the research that focus on breastfeeding were exclusive to breastfeeding and other indicators of infant and young child feeding. Early initiation of breastfeeding plays an important role in preventing newborn deaths. Early initiation of breastfeeding also affects infant nutrition (Sharma & Byrne, 2016). Given the importance of early initiation of breastfeeding, the district government of Sukoharjo trained birth attendants to practice it. This qualitative study analysed the practice of early initiation of

breastfeeding in Sukoharjo based on the theories of health behaviour change, namely 1) Theory of Plan Behaviour (TPB) and 2) Social Cognitive Theory (SCT).

TPB has four main constructs which are 1) intention, 2) perceived behavioural control, 3) attitude, and 4) subjective norm. Attitude is a person's belief in the behaviour and evaluation of the results obtained when doing the behaviour. Subjective norm is a factor of belief or normative belief. Consideration of the individual who will behave by seeing how other people think about the behaviour, whether other people will approve or prevent the behaviour from occurring. The construct of perceived behavioural control is influenced by the individual's control beliefs. A belief that facilitates or inhibits the pre-existing factors associated with the behaviour. Control beliefs are also an individual's perception of the strength of these factors to facilitate the occurrence of behaviour or inhibit it (Stevenson, 2014). Meanwhile, SCT has constructs that cover 1) knowledge, 2) perceived self-efficacy, 3) outcome expectations, 4) health goals, 5) perceived facilitators and social support, and 6) barriers. Knowledge means what one knows about the risks of disease and the benefits of healthy behaviour. Perceived self-efficacy is belief in his ability to apply his behaviour in difficult situations (Stacey et al, 2015). Outcome expectations are expected outcomes related to health behaviours that are carried out or behaviours that must be abandoned. Health goals are health goals set by individuals. Perceived facilitators are things that facilitate health behaviour. Barriers are constraints in doing a healthy behaviour (Stevenson, 2014).

So far, not many qualitative studies have been conducted that analyse the early initiation of breastfeeding based on the Theory of Planned Behaviour and Social Cognitive Theory. Analysing early initiation of breastfeeding using be-

Table 1. Examples of coding process from meaning units to codes

Meaning Units	Condensed Meaning Units	Codes
When I gave birth, I asked the midwife for early initiation of breastfeeding. I attended a prenatal class, and I wanted to be able to practice early initiation of breastfeeding.	When I gave birth, I asked for early initiation of breastfeeding. I attended a prenatal class, and I wanted to be able to practice early initiation of breastfeeding.	The baby's mother had the intention to practice early initiation of breastfeeding.
I have never received counselling about early initiation of breastfeeding, so I do not understand about early initiation of breastfeeding.	I have never received counselling about the early initiation of breastfeeding.	Not all mothers of babies had received counselling about the early initiation of breastfeeding.

Table 2. Examples of coding process from codes to subcategories

Codes	Subcategories
Midwives had a strong intention to practice early initiation of breastfeeding.	
Midwives had the intention to practice early initiation of breastfeeding.	Midwives had the intention to practice early initiation of breastfeeding.
A midwife had the intention to practice early initiation of breastfeeding every time she helps delivery.	
A hospital did not carry out early initiation of breastfeeding.	
A hospital had not practiced early initiation of breastfeeding.	Many hospitals had not carried out early initiation of breastfeeding.
Many hospitals did not initiate early breastfeeding.	

haviour change theory is useful to see the extent to which programs have been implemented and become government priorities. This approach is also considered as a lesson learnt based on the effort made by the government.

## METHOD

This qualitative study used a phenomenological approach. Ethical clearance was obtained from KEPK UMS with the number: 2416/B.2/KEPK-FKUMS/X/2019. The research location was Sukoharjo district, Central Java province, Indonesia. The researchers were the key instrument for obtaining data in this study. The sampling technique was purposive sampling. In-depth interviews were conducted with duration of about 30-45 minutes time. This study involved 11 informants consisting of 7 mothers with children aged 0-24 months, 1 hospital midwife, 2 health centre midwives, and 1 head of health promotion at the

Sukoharjo District Health Office. Data collection was carried out from October 2019 to July 2020. Three respondents were interviewed in October 2019, while eight respondents were interviewed in May, June, and July 2020. Interviews in October 2019 were conducted face-to-face, while interviews in May, June, and July 2020 were conducted by telephone because of the Covid-19 pandemic.

This study used content analysis, namely the analysis of data sourced from verbatim transcripts which were analysed in the following order. First, verbatim transcripts are extracted into meaning units. Meaning units are then simplified to become condensed meaning units. The codes are generated from the condensed meaning unit (see table 1). Some of the codes are then summarized into subcategories (see table 2). Several subcategories are further summarized into categories (see table 4). Several categories are

Table 3. Demographic Data

Characteristics	Total	%
<b>Sex</b>		
Female	11	100
Male	0	0
<b>Age</b>		
< 35 years	5	45
≥ 35 years	6	55
<b>Position</b>		
Infants mother	7	64
Health centre midwife	2	18
Hospital midwife	1	9
Head of the health promotion section of the Sukoharjo District Health Office	1	9

Table 4. Examples of coding process from subcategories to categories

Codes	Subcategories
Not all mothers understood the early initiation of breastfeeding.	Not all mothers understood or asked for early initiation of breastfeeding when giving birth.
Not all mothers asked for early initiation of breastfeeding when giving birth.	
There were various sources of information so that the material for early initiation of breastfeeding reached the mother.	There was government support as well as various sources of information that support the practice of early initiation of breastfeeding.
There was government support for the early initiation of breastfeeding.	
summarized into a theme.	following sub-chapter discusses the explanation of each category.

## RESULTS AND DISCUSSION

### Demographic Data

The demographic data of the respondents are shown in table 3 below.

### Findings

The categories found reflect the constructs of Theory of Planned Behaviour and Social Cognitive Theory, so that the theme found was the practice of early initiation of breastfeeding in Sukoharjo based on the Theory of Planned Behaviour and the Social Cognitive Theory. Table 4 showed an example of forming categories from subcategories.

The categories that reflect the constructs of the Theory of Planned Behaviour are the following: 1) not all mothers have the intention to practice early initiation of breastfeeding, 2) generally, the hospital had not properly practiced early initiation of breastfeeding, 3) the family did not hinder it, 4) not all community health centre implemented it according to the standard, 5) health workers supported the practice, 6) there were government supports and various sources of information that support the practice, and 7) the practice standards in Sukoharjo have been partially fulfilled. In addition, the categories that reflect the constructs of the Social Cognitive Theory are: 1) there were several obstacles related to the practice in Sukoharjo, 2) there were several supports of the practice in Sukoharjo, 3) not all birth attendants understood it correctly, 4) neighbours did not understand the importance of the practice, 5) not all mothers understood or asked for practicing it before delivery, 6) birth attendants perceived that the practice was not burdensome, and 7) mothers and birth attendants have good health expectations related to the implementation. The

### Categories Reflecting Constructs of The Theory of Planned Behaviour

One mother said the following: "... basically whatever the condition of the baby I give birth to, I want to be able to practice early initiation of breastfeeding" (infant-mother, 35 years). One mother stated that she had no intention to practice it: "I have no intention to practice early initiation of breastfeeding" (infant-mother, 44 years). Another mother also stated that she had no intention of practicing early initiation of breastfeeding: "I have no intention of practicing early initiation of breastfeeding. I just want my baby to be born healthy" (infant-mother, 32 years).

### Generally, hospitals had not properly practiced it

Many hospitals had not initiated early breastfeeding. Some hospitals practiced it but they were not up to standard. The hospital's staff also had not discussed it when giving birth to mothers. There were no regulations of the practice in the hospitals and they did not have standard operating procedures related to the implementation.

The following statements demonstrated them, "I gave birth in a hospital. At that time, there were three other babies who were born at the same time. All the babies were not given early initiation of breastfeeding" (infant-mother, 25 years). "The duration of early initiation of breastfeeding in my hospital was around 20-40 minutes" (midwife, 24 years). "So far, many hospitals did not initiate early breastfeeding. I learned the information from the village midwife when doing monitoring" (head of the health pro-

motion department at the health office, 50 years old). "The hospital staff did not discuss with me regarding the implementation of early initiation of breastfeeding after the baby was born" (infant-mother, 25 years).

#### **Family did not hinder the early initiation of breastfeeding practice**

Research showed that although not all families understood the early initiation of breastfeeding practice, the average family did not prevent early initiation of breastfeeding. A midwife stated the following: "No family objected to practice it" (midwife, 46 years), and another added "No family refused to practice it" (midwife, 38 years).

#### **Not all public health centres carried out it according to the standard**

Some community health centres had practiced it according to the standard. Some other community health centres, however, did not implement the duration correctly.

These few interview passages demonstrated the finding. "All early initiation of breastfeeding in community health centres were carried out with the following practice: skin-to-skin interaction was directly practiced by the mother after giving birth with a minimum duration of one hour" (midwife, 38 years). "The Standard Operating Procedure for early initiation of breastfeeding at the Sukoharjo Community Health Centre is the same, which is within 1 hour since the baby is born. The baby is placed on the mother's chest or abdomen, skin meets skin, and the duration is at least 1 hour" (midwife, 38 years). "My baby was born in a community health centre. My baby was born earlier than the due date. After delivery, the baby was bathed and cleaned, then immediately placed on my stomach, the baby's skin met my skin, then left for about 15 minutes" (baby mother, 32 years).

#### **The standard of the practice in Sukoharjo has been partly met**

Some practice in Sukoharjo had met the standard. An example of a statement that stated this was "After my baby was cleaned, he was placed on the chest looking for the nipple. There was skin to skin contact for more than one hour" (infant-mother, 34 years).

#### **There were government support and various sources of information**

The local government supported the implementation of the practice. Various sources of information also supported it. The following

was the example of a passage that showed this. "The Sukoharjo district government was very supportive of the implementation by always giving campaigns about it" (midwife, 38 years). "I have never been educated about it, but I read the information by myself" (infant-mother, 35 years).

#### **Health workers supported the implementation**

Health workers supported the implementation, but the support did not fully follow the standard. Not all birth attendants discussed the practice when they helped with childbirth, and some birth attendants also had not carried out it according to the standard. One midwife said: "All health workers supported the implementation of early initiation of breastfeeding, even when the implementation was not appropriate" (midwife, 38 years).

#### **Categories Reflecting Constructs of The Social Cognitive Theory**

##### **Neighbours did not understand the importance of practicing it**

The neighbours did not understand the importance of practicing it. One mother said: "Before the birth of my child, the neighbours never discussed the practice of early initiation of breastfeeding" (infant-mother, 35 years).

##### **Not all mothers understood or asked for practicing it when giving birth**

Not all mothers understood the practice. Not all mothers asked for practicing it when giving birth. Here are some passages that demonstrated the finding. "I didn't ask for early initiation of breastfeeding when I was about to give birth because I thought it was a regular procedure" (infant-mother, 35 years).

##### **The birth attendants perceived that early initiation of breastfeeding was not burdensome**

Birth attendants perceived that practicing it was not burdensome. Research also showed that there were indications that birth attendants liked the practice and had self-efficacy to carry it out. One midwife said: "I think early initiation is not a hassle" (midwife, 24 years). Another added, "It was not a hassle" (midwife, 38 years).

##### **Mothers and birth attendants have good health expectations regarding the implementation**

Mothers and birth attendants had good health expectations related to the implementation. The mother hoped that the implementation could make breastfeeding smooth, and the baby's immune system would be better. The following

was an example of the finding. "The goal of early initiation of breastfeeding is to prevent bleeding, increase mother's confidence in exclusive breastfeeding, and reduce maternal mortality and reduce infant mortality" (midwife, 38 years).

#### **Not all birth attendants understood the practice correctly**

Most of the birth attendants had been given training, but there were still some who had not received the training. Research also found that there were birth attendants who had incorrect knowledge of the practice. This was indicated by these sub-categories: 1) midwives had a good knowledge regarding the implementation, 2) there were still midwives who had not been trained, and 3) there were midwives who had incorrect knowledge of the implementation. The following were the examples demonstrating the findings: "All Community Health Centres have carried out it according to the standard, namely: the baby is placed on the mother's chest or abdomen immediately after birth, skin meets skin, and the duration is at least 1 hour (midwife, 38 years). "I have never attended early initiation of breastfeeding training" (midwife, 46 years). "In my opinion, the duration of early initiation of breastfeeding is between 15 and 30 minutes" (midwife, 24 years).

#### **There were several supports for practicing it**

There were several supports for practicing early breastfeeding in Sukoharjo, Central Java, Indonesia. These supports included 1) positive attitudes of birth attendants and infant mothers, 2) normal nipple shape, and 3) easy access to information.

The following statements demonstrated some of the supports: "As health workers, we have an enthusiasm for practicing it" (midwife, 24 years). "...what facilitates the practice of it is the normal shape of the nipple" (infant-mother, 37 years). "In my opinion, nowadays, it is easier for pregnant women to access information related to the practice (midwife, 46 years).

#### **There were several obstacles for practicing it**

Research showed that there were several obstacles for implementing it in Sukoharjo, Central Java, Indonesia. These constraints included: 1) constraints from maternal factors, 2) constraints due to technical factors in childbirth, 3) constraints due to lack of birth attendant compliance with the standards, and 4) constraints due to incorrect perceptions of the family.

The following statements demonstrated the finding. An infant-mother (25 years) said

as follows: "... when I gave birth to this baby, I did not practice early initiation of breastfeeding because at that time there were many deliveries at the same time". A midwife (24 years) said as follows: "... what hinders early initiation of breastfeeding was usually the mother of the baby who focused more on childbirth scars so that she did not focus on the baby". "One possible obstacle for practicing it was the lack of compliance of birth attendants with the standards" (midwife, 38 years). "My family understood breast milk, but they didn't understand the early initiation of breastfeeding" (infant-mother, 37 years).

## **DISCUSSION**

The findings of the categories in this study are as follows: 1) not all mothers have the intention to practice early initiation of breastfeeding, 2) generally, the hospital had not practiced it correctly, 3) family did not hinder the practice, 4) not all community health centres have implemented it according to standard, 5) the standard practice in Sukoharjo has been partially met, 6) there was government support and various sources of information which supported the practice, 7) health workers supported the practice, 8) neighbours did not understand the importance of early initiation of breastfeeding, 9) not all mothers understood or asked for it when giving birth, 10) birth attendants perceived that it was not burdensome, 11) mothers and birth attendants have good health expectations related to the implementation, 12) not all birth attendants understood it correctly, 13) there were some supports of the practice of early initiation of breastfeeding, and 14) there were several obstacles for practicing it. The results of this study indicated that the practice of early initiation of breastfeeding in Sukoharjo has been running, but with the several notes.

First note is, it is argued that in general, the implementation of early breastfeeding in public health centres were better than the practice in hospitals. A study conducted by Mujiati (2015) showed that between the two hospitals studied in the Jakarta area, it was shown that one of the hospitals carried out good socialization regarding early initiation of breastfeeding, but the other hospital did not have any information about it.

Second note indicates that not all public health centres practiced it according to the standard. This was also found by the research of Faisal et al (2019). Faisal et al (2019) examined the implementation in the working area of the LubukBuaya community health centre, Koto Tengah district. The conclusion showed that the midwives have not complied with the procedure,

so it was necessary to be motivated to implement it according to the procedure.

The third note reveals that there were many obstacles to the implementation. Related to this, Sukarti et al (2020) found several obstacles at the Sanglah Central General Hospital in Denpasar. These obstacles include 1) the implementation that was limited to normal labour, 2) poor knowledge of the mother in labour, and 3) inadequate commitment to the medical team. Woldeamanuel (2020) conducted quantitative research in Ethiopia. The results showed that domicile in the village, baby girls, delivery at home, delivery by Caesarean section, low birth weight, and many families were obstacles to early initiation of breastfeeding. Ahmed & Salih (2019) conducted quantitative research in Saudi Arabia. The results showed that not knowing about when to start breastfeeding, Caesarean section, higher education level, less information on breastfeeding, and living in the southern area had a lower chance of practicing it. Indramukti (2013) conducted quantitative research to see the factors that influence the practice. The results showed that the attitude, role of health workers, and support from those closest to them had an influence the practice in normal births. These were major obstacles found.

The practice of early initiation of breastfeeding is expected to improve the quality of the baby and ultimately improve the quality of the nation. Health behaviour is an important issue because it is a very determining factor in health outcomes. Several health behavioural change theories attempt to explain the process of changing health behaviour in humans. The practice of early initiation of breastfeeding in Sukoharjo can be seen from two theories of health behaviour change that were often used to explain changes in health behaviour. The two theories are 1) the Theory of Planned Behaviour (TPB) and 2) the Social Cognitive Theory (SCT).

TPB states that perceptions of behavioural control, attitudes, and subjective norms affect individual behavioural intentions. Attitude shows a person's attitude towards behaviour and is a response to a continuous assessment of the like or dislike of a behaviour. Researchers note that attitudes can predict the likelihood of behaviour. Subjective norms show the perceived social pressure that is obeyed or not obeyed by an individual to perform a behaviour. Subjective norms describe that other people can guide the intentions of a behaviour. Perceived behavioural control shows the perceived control ability related to the resources and opportunities needed to be able to perform a behaviour (Liao & Fang,

2019). Stevenson (2014) explains that SCT has the following constructs: 1) individual health goals, 2) self-efficacy, 3) outcome expectations, 4) knowledge, 5) perceived facilities, and 6) perceived barriers. Self-efficacy is a person's assessment of his ability to organize various actions needed to carry out a behaviour. The explanation is as follows.

When viewed from the TPB theory, several constructs are still weak in the practice of early initiation of breastfeeding in Sukoharjo. These constructs are 1) knowledge that will affect attitudes, 2) subjective norm which is reflected in the lack of support from neighbours and not yet fully supported by health workers, and 3) perceived behaviour control in the form of many obstacles in implementing early initiation of breastfeeding.

When viewed from the SCT theory, the weak constructs are consists of several factors. First is the mothers' lack of knowledge, some birth attendants' lack of training, and some birth attendants' lack of a good understanding regarding early initiation of breastfeeding. Second, there are many obstacles to implementing early breastfeeding initiation which cover 1) constraints from maternal factors, 2) constraints due to technical factors in childbirth, 3) constraints due to lack of birth attendant compliance with the standards, and 4) constraints due to incorrect perceptions of the family.

Apart from the weakness of some of the TPB and SCT constructs, several constructs were also found that support the implementation. The strong constructs of the TPB are 1) the support of various sources of information that will strengthen knowledge and ultimately strengthen attitudes, 2) the existence of government support that will strengthen the subjective norm construct, and 3) family and neighbours who did not inhibit it will strengthen construct subjective norm. The constructs that are strong enough when viewed from the SCT theory are the facts that 1) there is self-efficacy from birth attendants to practice it, 2) there are various sources of information that will increase knowledge, and 3) there are health expectations related to the practice from mothers and birth attendants.

The practice of early initiation of breastfeeding in Sukoharjo was already underway, but there were still many things that needed to be improved. Special attention was needed to be paid to the practice in hospitals. It is necessary to refresh the training according to the standards for all birth attendants in the Sukoharjo district, both at the community health centres and other health facilities.



## CONCLUSION

This study concludes that the practice of early initiation of breastfeeding in Sukoharjo has been running but still needed some improvements. Generally, the practice in hospitals still required a lot of attention. When viewed from the TPB and SCT theory, some of the constructs were already strong, while some of the other constructs were still weak. Both theories can be used to improve the practice by making theory-based interventions.

The government needs to pay special attention to the implementation especially to hospitals. The use of behaviour change theory-based interventions was also needed to be considered. The TPB and SCT can be used as a basis for a framework for making more efficient and effective interventions.

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