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ORIGINAL

Maternal, Knowledge, and Cultural Factors Affecting Primigravida Readiness for Early Initiation of Breastfeeding in Buleleng Regency, Bali

Factores maternos, de conocimiento y culturales que afectan la preparación de primigestas para la iniciación temprana de la lactancia materna en la Regencia de Buleleng, Bali

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ABSTRACT

Introduction: early initiation of breastfeeding (EIBF) is a crucial step in ensuring the continuation of exclusive breastfeeding for six months. A newborn's ability to independently reach the mother's nipple and begin suckling within the first hour after birth is a key indicator that must be observed by every birth attendant. Several studies have indicated that maternal factors, knowledge, and cultural practices can influence the success of EIBF. This study aims to examine the maternal, knowledge, and cultural factors associated with the readiness of primigravida mothers to perform EIBF in the Buleleng Regency, Bali.
Method: this is a quantitative study using an analytical observational method with a cross-sectional approach. The study population included all third-trimester primigravida mothers who visited primary healthcare facilities in the Buleleng Regency. A total of 110 respondents were selected using multistage random sampling. Data collection was conducted from February to March 2025 using a structured questionnaire and analyzed using SPSS software. Due to non-normal data distribution, the relationship between variables was tested using Spearman's Rank Correlation at a significance level of $p<0,05$ to assess the correlation between maternal, knowledge, and cultural factors and primigravida mothers' readiness to perform EIBF.
Results: there was a significant correlation between educational background ($r=0,482$), antenatal care visits ($r=0,947$), knowledge ($r=0,721$), and cultural factors ($r=-0,713$) with readiness to perform EIBF, with $p=0,000$.
Conclusion: these findings emphasize the need for culturally sensitive health education and community-based interventions that support first-time mothers in adopting early breastfeeding practices.

Keywords: Breast Feeding; Indonesia; Mothers; Newborn; Nipples; Primary Health Care.

RESUMEN

Introducción: la iniciación temprana de la lactancia materna (ITLM) es un paso crucial para garantizar la continuidad de la lactancia exclusiva durante seis meses. La capacidad de un recién nacido para alcanzar de forma independiente el pezón de la madre y comenzar a succionar dentro de la primera hora después del parto es un indicador clave que debe ser observado por todo el personal asistente al nacimiento. Diversos estudios han indicado que factores maternos, el nivel de conocimiento y las prácticas culturales pueden influir en el éxito de la ITLM. Este estudio tiene como objetivo examinar los factores maternos, de conocimiento y culturales asociados con la preparación de madres primigestas para realizar la ITLM en la Regencia de Buleleng, Bali.
Método: se trata de un estudio cuantitativo con un diseño observacional analítico de enfoque transversal. La

población del estudio incluyó a todas las madres primigestas en el tercer trimestre que acudieron a centros de atención primaria de salud en la Regencia de Buleleng. Se seleccionó un total de 110 participantes mediante muestreo aleatorio por etapas múltiples. La recolección de datos se llevó a cabo entre febrero y marzo de 2025 utilizando un cuestionario estructurado y se analizaron los datos con el software SPSS. Debido a una distribución no normal de los datos, la relación entre variables se evaluó mediante la correlación de rangos de Spearman con un nivel de significancia de $p<0,05$, para evaluar la correlación entre los factores maternos, de conocimiento y culturales y la preparación de las madres primigestas para realizar la ITLM.
Resultados: se encontró una correlación significativa entre el nivel educativo ($r=0,482$), las visitas de atención prenatal ($r=0,947$), el conocimiento ($r=0,721$) y los factores culturales ($r=-0,713$) con la preparación para realizar la ITLM, con un valor de $p=0,000$.
Conclusión: estos hallazgos enfatizan la necesidad de una educación sanitaria culturalmente sensible y de intervenciones comunitarias que apoyen a las madres primerizas en la adopción de prácticas tempranas de lactancia materna.

Palabras clave: Lactancia Materna; Indonesia; Madres; Recién Nacidos; Pezones; Atención Primaria de Salud.

INTRODUCTION

Early Initiation of Breastfeeding (EIBF) refers to the process where a newborn begins breastfeeding on their own immediately after birth.[1] A newborn's ability to independently reach the mother's nipple and begin suckling within the first hour after birth is a critical indicator that must be monitored by all birth attendants.[2] Due to the numerous benefits that EIBF offers to newborns, the World Health Organization (WHO) recommends that EIBF be integrated as part of the delivery process. In Indonesia, EIBF has been promoted since August 2007.[3] In Buleleng Regency, however, many mothers giving birth are still unprepared to practice EIBF for various reasons, one of which includes local beliefs and traditions that conflict with EIBF implementation. These beliefs and traditions—often influenced by community and religious leaders—are among the cultural factors that may affect maternal breastfeeding behaviors.[4,5,6]

According to the 2023 Indonesia Health Profile, the national EIBF coverage among newborns stood at 77,6 %.[3] However, based on 2023 data on EIBF coverage across districts/cities in Bali Province published by the Family Health Section of the Bali Provincial Health Office, most districts/cities in Bali showed a trend of exclusive breastfeeding coverage being higher than EIBF coverage. In Buleleng Regency, the EIBF coverage was only 42,7 %, while exclusive breastfeeding coverage reached 79,6 %, placing Buleleng as the district with the lowest EIBF coverage in the province.[7]

Successful implementation of EIBF directly influences the continuation of exclusive breastfeeding and vice versa. Therefore, efforts to minimize factors that hinder EIBF success—particularly those related to culture, tradition, and belief—should be prioritized. Several studies have pointed out that cultural influences conveyed through community and religious leaders can affect mothers' breastfeeding behavior.[8]

The breastfeeding experience of first-time mothers varies depending on the mother's readiness to breastfeed and the presence of support from her husband and family.[9,10,11] Most primiparous mothers face challenges and discomfort while breastfeeding, highlighting the need for strong support from spouses and families, as well as adequate nutrition and rest, to ensure successful breastfeeding.

Sufficient knowledge gained during pregnancy from healthcare providers or other sources can serve as an important resource to help mothers better prepare for EIBF.[12,13,14,15,16,17] Maternal age, education level, occupation, pregnancy status, and regularity of antenatal care also influence a primigravida mother's readiness to practice EIBF immediately after childbirth.

Given the limited research on this topic in Buleleng Regency, this study was conducted to examine the maternal, knowledge-based, and cultural factors associated with primigravida mothers' readiness to implement EIBF.

METHOD

Study Design, Location, and Timing

This was a quantitative study utilizing an analytical observational method with a cross-sectional approach. The study was conducted in Independent Midwife Practices (PMB) and Community Health Centers (Puskesmas), which serve as primary healthcare facilities within the Buleleng Regency. Based on the sampling technique used, four Puskesmas were selected as study sites: Banjar 2, Sawan 2, Buleleng 1, and Sukasada 1. Data collection was carried out between February and March 2025.

Population, Sample, and Sampling Method

The study population consisted of all third-trimester primigravida mothers who visited primary healthcare

facilities in Buleleng Regency. A total of 110 respondents who met the inclusion criteria were selected using multistage random sampling.

Data Collection Procedure

Data were collected using a structured questionnaire that had been previously tested for validity and reliability. The data collection process was assisted by enumerators who had been thoroughly briefed by the researchers to ensure a uniform understanding of the instrument. Data collection was conducted from February to March 2025 after obtaining research approval. A total of 110 third-trimester primigravida mothers participated in the study. Respondents were selected based on antenatal visit records from four community health centers (Puskesmas) in Buleleng Regency: Banjar 2 (16 respondents), Buleleng 1 and Sukasada 1 (73 respondents combined), and Sawan 2 (21 respondents).

Data Analysis

Hypothesis testing in this study was conducted using bivariate correlation analysis with Spearman's Rank Test, as the data were not normally distributed. The null hypothesis (H0) was rejected if the p-value < 0,05. Correlation values were interpreted using Spearman's guideline range from 0,00 to 1,00.

Ethical consideration

Ethical approval was obtained from the Health Research Ethics Commission, under approval number 3754-KEPK. The study adhered to ethical principles, ensuring voluntary participation, informed consent, confidentiality of data, and the right to withdraw from the study during data collection.

RESULTS

Respondent Distribution Based on Maternal Factors

Table 1. Frequency Distribution of Respondents Based on Maternal Characteristics

Characteristic	Frequency (F)	Percentage (%)
Maternal Age		
< 20 years	20	18,2 %
20–35 years	74	67,3 %
> 35 years	16	14,5 %
Education		
Elementary School	0	0,0 %
Junior High School	25	22,7 %
Senior High School	72	65,6 %
College/University	13	11,8 %
Occupation		
Civil Servant	5	4,5 %
Private Employee	29	26,4 %
Entrepreneur	33	30,0 %
Housewife	43	39,1 %
Antenatal Visits		
< 3 times	27	24,5 %
≥ 3 times	83	75,5 %
Pregnancy Status		
Too young	20	18,2 %
Too old	16	14,5 %
Overdue	4	3,6 %
Illness during pregnancy		
Swollen face/feet	9	8,2 %
High blood pressure	5	4,5 %
Multiple pregnancy	0	0,0 %
No complaints	56	50,9 %

Based on table 1, 110 primigravida mothers participated in this study. Most respondents (67,3 %) were aged 20–35 years. In terms of education, the majority had completed senior high school (65,6 %). The largest

occupational group was housewives (39,1 %). Most respondents had attended antenatal care at least three times (75,5 %). Half of the respondents (50,9 %) reported no complaints during pregnancy.

Respondents' Knowledge of Early Initiation of Breastfeeding (EIBF)

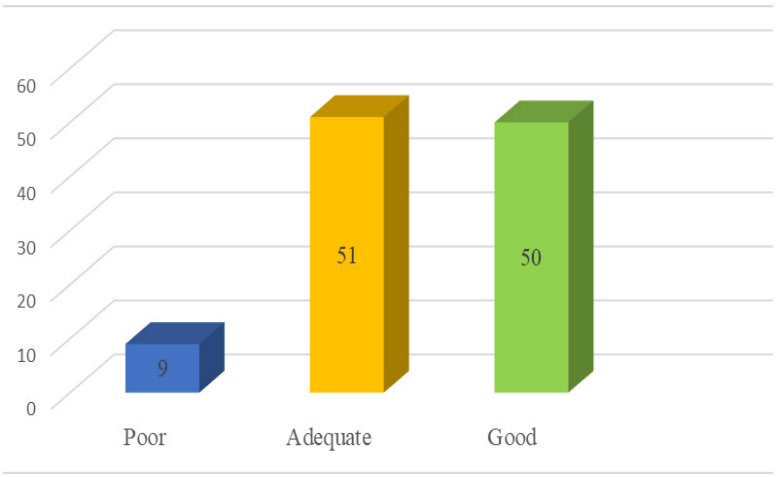

Figure 1. Respondents' Knowledge about EIBF

Based on the questionnaires assessing respondents' knowledge of early initiation of breastfeeding, the proportions of those with adequate and good knowledge were nearly equal among the 110 respondents.

Cultural Factors Affecting EIBF

Table 2. Cultural Factors Affecting EIBF among Respondents

Cultural Factors	Frequency (F)	Percentage (%)
None	84	76,4 %
Present	26	23,6 %

Cultural beliefs influencing EIBF included the perception that initial breast milk is spoiled and should not be given, newborns should not be left unclothed due to fears of supernatural harm, and mothers and infants must be temporarily separated to avoid bad luck. The majority (76,4 %) reported no cultural beliefs hindering EIBF.

Readiness to Perform EIBF

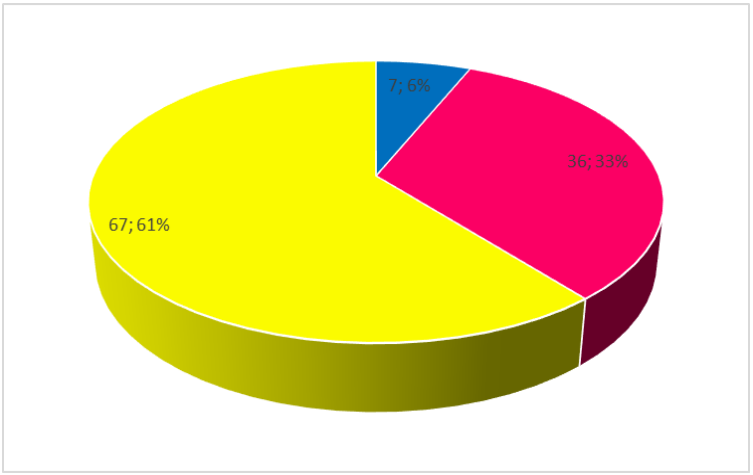

Figure 2. Readiness to Perform EIBF

A total of 67 respondents (61 %) indicated they were ready to practice EIBF.

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Cross Tabulation: Maternal, Knowledge, and Cultural Factors vs. Readiness for EIBF

Table 3. Cross Tabulation of Maternal, Knowledge, and Cultural Factors with EIBF Readiness

Variables characteristics		EIBF Readiness			Total
		Poor	Fair	Ready	
Maternal factors	Age				
	<20 years	1	5	14	20
	20-35 years	6	23	45	74
	>35 years	0	8	8	16
	Education				
	Elementary school	0	0	0	0
	Junior High School	7	9	9	25
	Senior High School	0	26	46	72
	College/Higher Education	0	1	12	13
	Occupation				
	Civil Servant	1	1	3	5
	Private employee	2	8	19	29
	Entrepreneurs	0	10	23	33
	Housewife	4	17	22	43
	Prenatal care visits				
	<3 times	7	17	3	27
	3 times or more	0	19	64	83
	Pregnancy status				
	Too young	1	5	14	20
	Too old	0	8	8	16
	Too long	0	1	3	4
	Presence of illness during pregnancy	0	0	0	0
	Swelling of the face and feet	1	1	7	9
	High blood pressure	0	3	2	5
	Twin pregnancy	0	0	0	0
	No complaints	5	18	33	56
Knowledged	Poor	7	2	0	9
	Adequate	0	32	19	51
	Good	0	2	48	50
Culture	None	1	16	67	84
	Present	6	20	0	26

Table 3 shows majority of the respondents most ready to perform EIBF were aged 20–35 years (45 respondents), high school educated (46 respondents), entrepreneurs (23 respondents), attended ≥3 antenatal visits (64 respondents), reported no pregnancy complaints (33 respondents), had good knowledge of EIBF (48 respondents), and reported no cultural barriers (67 respondents).

Bivariate Correlation Analysis Results

Table 4. Correlation between Maternal Factors and Readiness to Perform EIBF

		Age	Education	Occupation	Visits	Status	Readiness
Age	Correlation Coefficient	1,000	,013	-,143	-,147	,269	-,098
	Sig. (2-tailed)	.	,894	,136	,126	,005	,309
	N	110	110	110	110	110	110
Education	Correlation Coefficient	,013	1,000	-,166	,342	,068	,386
	Sig. (2-tailed)	,894	.	,084	,000	,482	,000
	N	110	110	110	110	110	110
Occupation	Correlation Coefficient	-,143	-,166	1,000	-,127	-,242	-,116
	Sig. (2-tailed)	,136	,084	.	,186	,011	,228
	N	110	110	110	110	110	110
Visits	Correlation Coefficient	-,147	,342	-,127	1,000	-,006	,624
	Sig. (2-tailed)	,126	,000	,186	.	,947	,000
	N	110	110	110	110	110	110

Status	Correlation Coefficient	,269	,068	-,242	-,006	1,000	-,070
	Sig. (2-tailed)	,005	,482	,011	,947	.	,469
	N	110	110	110	110	110	110
Readiness	Correlation Coefficient	-,098	,386	-,116	,624	-,070	1,000
	Sig. (2-tailed)	,309	,000	,228	,000	,469	.
	N	110	110	110	110	110	110

Only education (r = 0,482, p = 0,000) and antenatal visits (r = 0,947, p = 0,000) showed significant correlations with readiness for EIBF. This suggests a very strong correlation between antenatal visits and EIBF readiness, and a moderately strong correlation with education level.

Table 5. Correlation between Maternal Knowledge and EIBF Readiness

Variable	Correlation Coefficient	p-value
Knowledge vs. Readiness	r = 0,721	0,000
Culture vs. Readiness	r = -0,713	0,000

This indicates a strong positive correlation between maternal knowledge and readiness for EIBF. Meanwhile, a strong negative correlation, meaning the presence of cultural beliefs, is significantly associated with reduced readiness to perform EIBF.

DISCUSSION

Correlation Between Maternal Factors and Readiness to Perform Early Initiation of Breastfeeding (EIBF)

Early initiation of breastfeeding (EIBF) refers to the process in which a newborn begins to breastfeed on their own immediately after birth. Like other mammals, human infants have the natural ability to breastfeed by themselves—provided they are given uninterrupted skin-to-skin contact with the mother for at least one hour immediately after birth.[1] After delivery, newborns are typically placed on the mother's chest to allow them to find the nipple on their own—this process is referred to as early initiation of breastfeeding.[18] Early breastfeeding helps infants adapt to exclusive breastfeeding, which is essential for their growth and development, as breast milk is rich in complete nutrients vital for a baby's health.[19]

Several maternal factors can influence the success of EIBF, including age, education, occupation, pregnancy status, and the frequency of antenatal visits. Managing these factors is an effective strategy to improve maternal readiness for EIBF. A healthy reproductive age for pregnancy is defined as between 20 and 35 years. In this study, the majority of respondents (74 individuals) were within this healthy reproductive range.

In terms of education, most respondents in this study were high school graduates (72 individuals). Educational attainment can significantly affect a person's ability to obtain and understand health-related information, including knowledge about pregnancy and EIBF. Mothers with higher education levels may have better access to information from various sources, including digital platforms. As stated by Roesli, maternal education is a contributing factor to EIBF success.[1] This aligns with the results of this study, where Spearman's Rank Test showed a moderate correlation between maternal education and EIBF readiness (r = 0,482, p = 0,000).

Working mothers are often more exposed to health information due to social interactions at their workplaces. However, with the rapid advancement of technology, even non-working mothers can now access information quickly, reducing the relevance of employment status as a determining factor for EIBF readiness. This is supported by the findings of this study, where no significant correlation was found between maternal occupation and EIBF readiness (r = -0,116, p = 0,228).

One key maternal characteristic related to EIBF readiness is the number of antenatal visits. Antenatal care provides opportunities for education on EIBF, including its benefits, proper techniques, and how to manage potential challenges. Through antenatal care, mothers can receive information on the optimal timing, positioning of the baby, and the roles of partners or family members during EIBF.[15]

On the other hand, pregnancy status (e.g., being too young, too old, having a prolonged pregnancy, medical conditions, swelling, high blood pressure, or carrying multiples) did not correlate with readiness to perform EIBF in this study.

Correlation Between Knowledge and Readiness to Perform EIBF

EIBF has been promoted in Indonesia since August 2007. The World Health Organization (WHO) recommends that all newborns receive colostrum—the first milk produced during the first two days of life—as it helps prevent infections and supports exclusive breastfeeding for the first six months.[20] Implementing EIBF is essential for achieving exclusive breastfeeding, which has been shown to reduce neonatal morbidity and mortality. Exclusive

breastfeeding can reduce the risk of death in newborns aged 0–28 days by 22 % and overall infant mortality by 16 %.

Despite its benefits, EIBF is not yet widely practiced. A lack of knowledge about the importance of early breastfeeding initiation is one of the main reasons for failure to implement EIBF.[18] Mothers with greater knowledge of the benefits and methods of EIBF are generally more prepared to practice it.

In this study, a significant positive correlation was found between maternal knowledge and readiness to perform EIBF. The better informed the mother, the more prepared she was to carry out EIBF. This is supported by Spearman's Rank Test, which showed a strong correlation (r = 0,721, p = 0,000).

Correlation Between Cultural Factors and Readiness to Perform EIBF

EIBF has substantial benefits for newborns. It increases maternal confidence in breastfeeding, fosters emotional bonding, and reduces the risk of giving prelacteal feeds—substances given before breastfeeding—which are associated with higher risks of infection, diarrhea, hypothermia, respiratory issues, intestinal disorders, and even infant death. These risks are primarily due to the infant not receiving colostrum, the first milk rich in antibodies and immunoglobulins that help strengthen the baby's immune system. Colostrum also acts as a natural laxative, helping clear the newborn's intestines and preparing their digestive system for feeding.[21]

However, the success of EIBF can be hindered by cultural norms, beliefs, and traditions. In some communities, colostrum is believed to be "spoiled" and unfit for consumption, or there may be taboos requiring temporary separation between mother and child after birth. Such beliefs pose significant barriers to EIBF implementation. Conversely, the absence of these cultural and traditional constraints enables healthcare providers to better guide mothers in initiating breastfeeding immediately after birth.

This study found a strong negative correlation between cultural beliefs and readiness to perform EIBF, as indicated by Spearman's Rank Test (r = -0,713, p = 0,000). This suggests that the fewer cultural or traditional barriers present, the more prepared the mother is to initiate early breastfeeding.

Limitations

This study has several limitations. First, it was conducted exclusively in selected community health centers in Buleleng Regency, which may limit the generalizability of the findings to other regions with different cultural or healthcare contexts. The use of a cross-sectional design restricts the ability to infer causality between maternal factors, knowledge, cultural beliefs, and readiness to perform early initiation of breastfeeding (EIBF). Additionally, data were collected through self-reported questionnaires, which may be subject to recall bias or social desirability bias. The study also lacked qualitative insights that could have provided a deeper understanding of cultural influences, and while enumerators were trained, differences in how questions were interpreted or delivered could have introduced inconsistencies.

Despite these limitations, the findings have meaningful implications for maternal and child health programs. The strong association between antenatal visits, maternal education, and EIBF readiness highlights the need to strengthen health education efforts during pregnancy. Public health strategies should incorporate culturally sensitive approaches, engaging local leaders to address traditional beliefs that may hinder EIBF practices. Empowering first-time mothers with knowledge and support through structured counseling or peer programs can improve readiness and confidence. These results can inform policy enhancements and suggest the need for further longitudinal or mixed-method studies to explore long-term behavior change and deeper cultural dynamics related to breastfeeding.

CONCLUSION

This study demonstrates that maternal education level, frequency of antenatal visits, maternal knowledge, and cultural beliefs are significantly correlated with the readiness of primigravida mothers to perform early initiation of breastfeeding (EIBF). The strongest positive correlation was found with antenatal visits, indicating that consistent engagement with healthcare services plays a critical role in preparing mothers for EIBF. Similarly, higher educational attainment and better knowledge were associated with greater readiness, underscoring the importance of accessible, accurate health information during pregnancy. In contrast, the presence of cultural beliefs and traditional practices showed a strong negative correlation, highlighting the barriers that such factors can pose to EIBF implementation. These findings emphasize the need for culturally sensitive health education and community-based interventions that support first-time mothers in adopting early breastfeeding practices. Strengthening maternal education and antenatal care, while addressing cultural misconceptions, can significantly enhance the success of EIBF programs and improve maternal and infant health outcomes.

REFERENCES

1. Roesli U. Panduan Inisiasi Menyusu Dini plus ASI Eksklusif. Jakarta: Pustaka Bunda; 2019. 76 p.

2. Yoto M, Laksono AD, Devy SR, Luthviatin N, Nafikadini I, Nandini N, et al. Encouraging healthcare childbirth to increase exclusive breastfeeding: Evidence from Madurese, Indonesia. Amerta Nutr. 2025;9(1):45–54. Available from: https://e-journal.unair.ac.id/AMNT/article/view/55260

3. Riskesdas. Pekan menyusui sedunia. Unicef Global. 2021;3. Available from: https://www.unicef.org/indonesia/id/press-releases/pekan-menyusui-sedunia-2021-dukungan-lebih-besar-untuk-ibu-menyusui-di-indonesia

4. Juanamasta IG, Wati NMN, Widana AAGOGO. Covid-19: A Balinese viewpoint. Belitung Nurs J. 2020;6(4):143–4.

5. Suardana IW, Yusuf A, Hargono R, Juanamasta IG, Sudiantara K, Gama IK, et al. Spiritual coping "Tri Hita Karana" and depression prevention behavior among the elderly during the Covid-19 pandemic. Healthc Low-resource Settings. 2024. Available from: https://www.pagepressjournals.org/hls/article/view/13025

6. Suardana IW, Yusuf A, Hargono R, Juanamasta IG. Spiritual coping "Tri Hita Karana" among older adults during pandemic COVID-19: A perspective of Balinese culture. Univers J Public Health. 2023;11(3):297–304. Available from: http://www.hrpub.org/journals/article_info.php?aid=13268

7. Dinas Kesehatan Provinsi Bali. Profil Kesehatan Provinsi Bali Tahun 2022. Dinas Kesehatan Provinsi Bali; 2023.

8. Yunitasari E, Narendra YH, Pradanie R. Factors associated with exclusive breastfeeding based on transcultural nursing. EurAsian J Biosci. 2020;14(2):2757–66.

9. Namasivayam V, Dehury B, Prakash R, Becker M, Avery L, Sankaran D, et al. Association of prenatal counselling and immediate postnatal support with early initiation of breastfeeding in Uttar Pradesh, India. Int Breastfeed J. 2021;16(1):1–12.

10. Wagner S, Kersuzan C, Gojard S, Tichit C, Nicklaus S, Thierry X, et al. Breastfeeding initiation and duration in France: The importance of intergenerational and previous maternal breastfeeding experiences—results from the nationwide ELFE study. Midwifery. 2019;69:67–75.

11. Tseng JF, Chen SR, Au HK, Chipojola R, Lee GT, Lee PH, et al. Effectiveness of an integrated breastfeeding education program to improve self-efficacy and exclusive breastfeeding rate: A single-blind, randomised controlled study. Int J Nurs Stud. 2020;111:103770.

12. Azza A, Susilo C. The application of transcultural nursing model in perspective of Madura culture improving breastfeeding mother's behavior in Jember. Indones Nurs J Educ Clin. 2017;2(1):9.

13. Vázquez-Sánchez MÁ, Casals C, Casals-Vázquez A, García-Barrios S, Fernández-de-Canete F, Sánchez-Ojeda MA. Cultural adaptation and validation of the Transcultural Self-Efficacy Tool for use with undergraduate nursing students in Spain. Nurse Educ Today. 2021;107:105106.

14. Nielsen C, Li Y, Lewandowski M, Fletcher T, Jakobsson K. Breastfeeding initiation and duration after high exposure to perfluoroalkyl substances through contaminated drinking water: A cohort study from Ronneby, Sweden. Environ Res. 2022;207:112206.

15. Woldeamanuel BT. Trends and factors associated to early initiation of breastfeeding, exclusive breastfeeding and duration of breastfeeding in Ethiopia: Evidence from the Ethiopia Demographic and Health Survey 2016. Int Breastfeed J. 2020;15(1).

16. Kuswara K, Knight T, Campbell KJ, Hesketh KD, Zheng M, Bolton KA, et al. Breastfeeding and emerging motherhood identity: An interpretative phenomenological analysis of first-time Chinese Australian mothers' breastfeeding experiences. Women Birth. 2021;34(3):e292–301.

17. Mirayanti NKA, Juanamasta IG. Knowledge and attitude of mothers about stunting in Banjar Pengukuh Peguyangan Kangin Village Denpasar. J Ners Kebidanan. 2020;7(3):320–5. Available from: http://ojs.phb.ac.id/index.php/jnk/article/view/544

18. A.M. Inisiasi Menyusui Dini, ASI Eksklusif dan Manajemen Laktasi. Jakarta: CV Trans Info Media; 2018.

19. Saleha S. Asuhan Kebidanan pada Masa Nifas. Jakarta: Salemba Medika; 2009. 4 p.

20. Presiden Republik Indonesia. Peraturan Pemerintah Republik Indonesia Nomor 33 Tahun 2012 Tentang Pemberian Air Susu Ibu Eksklusif. Jakarta: Peraturan Pemerintah; 2012. p. 1–42.

21. Hadisuyatmana S, Has EMM, Sebayang SK, Efendi F, Astutik E, Kuswanto H, et al. Women's empowerment and determinants of early initiation of breastfeeding: A scoping review. J Pediatr Nurs. 2021;56:e77–92.

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CONFLICT OF INTEREST

The authors declare that this study was conducted without any commercial or financial relationships that could be construed as a potential conflict of interest.

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