

Factors Determining Successful Exclusive Breastfeeding among Working Mothers in Indonesia: An Exploration by Using Positive Deviance Concept: Analysis of Secondary Data of Demographic Health Survey Indonesia 2017

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Abstract

Despite the fact that exclusive breastfeeding brings a lot of benefits for infants and mothers, breastfeeding rates in Indonesia remain low, at 42% of all infants aged 0-5 months in 2012. This study aims to apply the positive deviance concept to explore the factors determining the success of exclusive breastfeeding among mothers in a high-risk group in Indonesia. The study used the cross-sectional, DHS 2017 data of 1.178 mothers with 0-5 months old infants in Indonesia. Chi-square and multiple logistic regression tests with 95% confidence intervals are used in identifying the factors associated with exclusive breastfeeding. Maternal working status is shown to be the most significant risk factor in preventing mothers to breastfeed exclusively. Furthermore, the data suggest that, out of 376 working mothers, 45,5% can be identified as positive deviants – those succeeding in implementing exclusive breastfeeding. The study finds ante-natal care (ANC) visits, post-natal care (PNC) visits, and economic status displayed significant association with exclusive breastfeeding among working mothers. In the sample, ANC visit is the dominant factor associated with exclusive breastfeeding (OR: 1,831; 95% CI: 1,075-3,118). Completion of ANC and PNC visits should be taken to consideration in improving exclusive breastfeeding rate among working mothers in Indonesia.

Key words: Positive deviance, exclusive breastfeeding, working mother, ANC, PNC

Abstrak

Meskipun manfaat dari ASI eksklusif sudah tidak diragukan lagi, cakupan pemberian ASI eksklusif di Indonesia masih rendah, yaitu hanya 42% pada tahun 2012. Penelitian ini berusaha menggunakan konsep positive deviance untuk menelusuri faktor determinan keberhasilan pemberian ASI eksklusif pada kelompok ibu yang memiliki risiko tinggi untuk tidak ASI eksklusif. Penelitian dengan metode cross-sectional ini menganalisis data sekunder dari 1.178 ibu dengan bayi usia 0-5 bulan di Indonesia pada SDKI tahun 2017. Analisis dengan uji chi-square dan regresi logistik ganda dengan confidence interval 95% dilakukan untuk menganalisis faktor yang berhubungan signifikan dengan pemberian ASI eksklusif. Status ibu bekerja ditemukan sebagai faktor dominan yang berhubungan dengan terhambatnya pemberian ASI eksklusif. Di antara 376 ibu yang bekerja, 45,5% nya diidentifikasi sebagai pelaku positive deviance, yaitu mereka yang berhasil memberikan ASI eksklusif. Pada analisis multivariat, ditemukan kunjungan ANC, kunjungan PNC, dan status ekonomi sebagai faktor yang berhubungan secara signifikan dengan pemberian ASI eksklusif di antara ibu bekerja. Kunjungan ANC merupakan faktor dominan yang berhubungan dengan ASI eksklusif dengan OR 1,831 (95% CI: 1,075-3,118). Perilaku melakukan kunjungan ANC dan PNC, termasuk mendapatkan edukasi dan konseling terkait menyusui dari petugas kesehatan saat kunjungan tersebut dapat mendukung pemberian ASI eksklusif di antara ibu bekerja di Indonesia.

Kata kunci: Positive deviance, ASI eksklusif, ibu bekerja, ANC, PNC

Introduction

Breastmilk is the natural and primary energy source for infants. Breastmilk also provides nutritional and immunological protection for the health of infants during the first six months of their lives (1). As breastmilk is very important for infants, this practice has been regulated via the enactment of Health Act 36/2019 (Art. 128, p.1), which formally states that every infant has the right to receive exclusive breastfeeding from birth until the first 6 (six) months of their lives.

However, data suggests that exclusive breastfeeding practice may not have been widely adopted throughout the world. Analysis from the Cost of Not Breastfeeding tool suggests that the lack of exclusive breastfeeding practice – as recommended by WHO and UNICEF – has contributed to the prevalence of diarrhea and pneumonia among children aged 6-59 months, which subsequently gives rise to 595,379 child mortality cases occurring every year. The analysis also estimates that there are 974,956 cases of obesity among children occurring every year that can be attributed to the lack of exclusive breastfeeding practice. Moreover, the absence of exclusive breastfeeding does not only affect the child, but also the mother. Practicing exclusive breastfeeding could prevent 98,243 maternal mortalities from breast cancer and ovarian cancer, as well as type 2 diabetes each year. Studies have estimated that the economic losses from child and maternal mortality may amount to US \$53.7 billion (2).

Such huge losses are attributable to the fact that a high prevalence of infants throughout the world do not receive exclusive breastfeeding in accordance with the WHO/UNICEF recommendations. The global prevalence of exclusive breastfeeding

practice suggests slow improvement in its adoption: during the period of 2008-2012, whereby only 38% of infants received exclusive breastfeeding. In 2016, the figure rose to 40% – suggesting a very limited progress (3). In the East Asia and Pacific region, only 30% of infants aged 0-5 years were exclusively breastfed in 2015 (4). The 2012 Indonesian Demographic and Health Survey data showed that less than half (42%) of infants under 6 months were exclusively breastfed. This has caused concerns that, with such slow improvement in the adoption of exclusive breastfeeding practices, the World Health Assembly's (WHA) Global Nutrition Target, which aims to increase the rate of exclusive breastfeeding during the first 6 months to 50% by 2025, might not be achieved (3).

Various risk factors might contribute to the lack of exclusive breastfeeding practices: they range from individual factors, mother and infant, to environmental factors. Maternal factors include sociodemographic factors and maternal pre-/post-natal experiences. The former is comprised of working status, education, economic status, residency, age, and parity (5–9). Meanwhile, the latter includes early breastfeeding initiation, antenatal care (ANC) visits, post-natal care (PNC) visits, delivery methods, delivery place, and possession of the Maternal and Child Health (MCH) book (10–13). Infant individual factors include birth weight (9). Environmental factors include support from health professionals (14).

Many studies have identified the risk factors associated with the failure of adopting exclusive breastfeeding. However, only a handful of those have attempted to examine the characteristics of mothers, who, despite initially being included in a high-risk group for not breastfeeding, have instead succeeded in

practicing exclusive breastfeeding. The Positive Deviance (PD) is an approach that can be employed to identify these individuals. The PD approach is usually applied when there are certain individuals or groups of people who exhibit unique attitudes, unusual behaviours, practices, or strategies, that can help them to resolve problems despite possessing similar risk factors as their peers in the same group (15). The usefulness of PD approach in increasing the knowledge and practice of exclusive breastfeeding among pregnant women has been demonstrated in India (16).

To date, most PD-using studies have utilized qualitative methods. The use of the PD concept to analyze secondary data with quantitative methods is a new strategy, which allows one to further explore in-depth condition of health disparities (15). Combining secondary data analysis with the use of PD concept may be a fruitful effort in reducing health disparities that may occur in the community (17). Therefore, this study uses the PD concept to analyse the 2017 Indonesian Demographic and Health Survey data to identify the factors determining the success of exclusive breastfeeding practices among the at-risk group of mothers in Indonesia.

Methods

This study is performed during May-July 2020 with cross-sectional data for its analysis. The study uses the data from the 2017 Indonesian Demographic and Health Survey (IDHS). The IDHS data collects samples from all provinces in Indonesia. The population of interest to this study includes all Indonesian mothers who had infants aged 0-5 months during the time of the data collection in 2017. The sample that this study uses entails a group of mothers who fulfils the inclusion requirements, namely: (i) mothers aged 15-49 years;

(ii) mothers having infant(s) aged 0-5 months; (iii) the infant is a biological child of the mother; and (iv) the mother and the infant live together. From this sample group, mothers having the greatest risk factors for not giving exclusive breastfeeding will be selected as the ultimate subject of this study. A multiple logistic regression test between mother's sociodemographic variables and exclusive breastfeeding is conducted to determine the greatest risk. Mother's sociodemographic variables that are included in the regression are working status, education, wealth index, residence, age and parity. The calculation of the research sample is based on the two-proportion hypothesis test and the results suggest that the minimum sample size of the study amounts to 368 people.

Univariate, bivariate, and multivariate analyses are carried out in analysing the data. In the bivariate analysis, a chi-square test is conducted with a confidence level of 95%. Multivariate analysis with multiple logistic regression test is employed to study the relationship between the variables of interest and identify factors exhibiting strongest association with exclusive breastfeeding practices. The strength of the relationship would then be seen from the magnitude of the odds ratio (OR) with a 95% confidence interval.

Results

The 2017 IDHS data includes 49,627 women aged 15-49 in Indonesia. After selecting for observations that fulfilled the inclusion criteria and undergoing the data cleaning process, a sample of 1,178 mothers were obtained. The results obtained from the analysis suggest that the prevalence of exclusive breastfeeding in Indonesia was around 52.5% in 2017. The analysis of the proportion of exclusive breastfeeding,

focusing on the mothers' socio-demographic characteristics can be seen in Table 1. The risk factors preventing the mothers from practicing exclusive

breastfeeding are: 1) working status; 2) poor economic status as seen from the wealth index; and 3) living in urban area (p-value <0.05).

Table 1. Differences in the Proportion of Exclusive Breastfeeding According to the Socio-demographic Characteristics of Mothers in Indonesia in 2017

Variable	Exclusive Breastfeeding (n = 1178)				Total	p-value	OR (95% CI)
	No		Yes				
	N	%	N	%			
Working status							
Working	205	54,5	171	45,5	376	0,001	1,510 (1,180-1,931)
Not working	355	44,3	447	55,7	802		
Education							
Not going	4	66,7	2	33,3	6	0,797	
Primary	106	47,5	117	52,5	223		
Secondary	329	47,1	370	52,9	699		
Higher degree	121	48,4	129	51,6	250		
Wealth index							
Middle to rich	354	51,7	331	48,3	685	0,001	1,490 (1,180-1,882)
Poor	206	41,8	287	58,2	493		
Residence							
Urban	316	51,5	298	48,5	614	0,006	1,391 (1,105-1,750)
Rural	244	43,3	320	56,7	564		
Age							
15-19	30	46,9	34	53,1	64	0,577	
20-35	436	46,9	494	53,1	930		
36-49	94	51,1	90	48,9	184		
Parity							
≤ 1	187	51,4	177	48,6	364	0,078	
> 1	373	45,8	441	54,2	814		

There is no significant association between exclusive breastfeeding and maternal education, age, or parity. Table 2 reports the results derived from multiple logistic regression on the sample. The study finds that mothers who are currently working tend to possess greater chance of not giving exclusive breastfeeding than their counterparts who do not work: the relationship has an OR of 1.4 (95% CI: 1.1-1.8).

These results suggest that maternal working status serves as the highest risk factor preventing mothers from practicing exclusive breastfeeding.

Among the 1,178 mothers included in the sample, there are 376 mothers who reported to be currently working and must continue to provide exclusive breastfeeding for their infants. From these 376 working mothers, only 171 (45.5%) succeeded in practicing exclusive breastfeeding and thus can be identified as the positive deviants.

The characteristics of these positive deviants can be seen in Table 3, particularly in the successful exclusive breastfeeding column. The data suggests that some key characteristics of positive deviants include: 1) primary school-educated individuals; 2) belonging to

Table 2. The Final Multiple Logistic Regression Model of Socio-Demographic Factors and Exclusive Breastfeeding of Mothers in Indonesia in 2017

Variable	Coef B	<i>p-value</i>	OR 95% CI
Working status			
Working	0,346	0,007	1,414 (1,100-1,817)
Not working			
Wealth index			
Middle to rich	0,339	0,005	1,403 (1,106-1,780)
Low			

Table 3. Difference in Proportion of Exclusive Breastfeeding According to Risk Factors of Working Mothers in Indonesia in 2017

Variable	Exclusive Breastfeeding (n = 376)				Total	<i>p-value</i>	OR (95% CI)
	No		Yes				
	N	%	N	%			
Education							
Not going	1	100,0	0	0,0	1		
Primary	25	51,0	24	49,0	49	0,608	
Secondary	95	57,2	71	42,8	166		
Higher	84	52,5	76	47,5	160		
Wealth index							
Middle to rich	155	57,4	115	42,6	270	0,093	
Poor	50	47,2	56	52,8	106		
Residence							
Urban	123	57,5	91	42,5	214	0,223	
Rural	82	50,6	80	49,4	162		
Age							
15-19	7	77,8	2	22,2	9		
20-35	162	55,1	132	44,9	294	0,246	
36-49	36	49,3	37	50,7	73		
Parity							
≤ 1	70	56,5	54	43,5	124	0,677	
> 1	135	53,6	117	46,4	252		
Early initiation							
No	134	56,8	102	43,2	236	0,301	
Yes	71	50,7	69	49,3	140		
ANC visits							
Not complete	51	64,6	28	35,4	79	0,059	
Complete	154	51,9	143	48,1	297		
PNC visits							
Not complete	81	61,8	50	38,2	131	0,048	1,581 (1,026-2,436)
Complete	124	50,6	121	49,4	245		
Delivery method							
Caesar	64	58,2	46	41,8	110	0,422	
Normal	141	53,0	125	47,0	266		
Possession of MCH book							
No	18	54,5	15	45,5	33	1,000	
Yes	187	54,5	156	45,5	343		

Variable	Exclusive Breastfeeding (n = 376)				Total	p-value	OR (95% CI)
	No		Yes				
	N	%	N	%			
Child's birth weight							
Low	11	64,7	6	35,3	17	0,539	
Normal	194	54,0	165	46,0	359		
Health professional support							
No	95	55,3	76	44,7	170	0,866	
Yes	111	53,9	95	46,1	206		

ANC, antenatal care

PNC, post-natal care

MCH, maternal and child health

Table 4. The Final Multiple Logistic Regression Model of the Determinant Factors of Exclusive Breastfeeding in Working Mothers in Indonesia in 2017

Variable	Coef B	p-value	OR 95% CI
Wealth index			
Middle to rich	0,548	0,022	1,730 (1,082-2,766)
Poor			
ANC visits			
Not complete	0,605	0,026	1,831 (1,075-3,118)
Complete			
PNC visits			
Not complete	0,465	0,038	1,592 (1,025-2,471)
Complete			

ANC, antenatal care

PNC, post-natal care

poor economic status; 3) living in rural areas; 4) aged between 36-49; and 5) having more than one child. In addition, the positive deviants were also found to: 1) perform early initiation; 2) complete both ANC and PNC visits; 3) perform normal deliveries; 4) have infants with normal birth weight; and 5) receive support from health professionals. Complete PNC visits is found to be significantly associated with the success of exclusive breastfeeding among working mothers (p-value <0.05). There is no significant association between the other independent variables and exclusive breastfeeding in the bivariate analysis.

Table 4 shows the variables that

exhibit significant association with exclusive breastfeeding in the multivariate analysis. The positive deviants among the working mother group are able to continue providing exclusive breastfeeding by completing their ANC (OR 1.8 (95% CI: 1.1-3.1)) and PNC visits (OR 1.6 (95% CI: 1.0-2, 5)). The positive deviants in the sample also showed a higher prevalence of having poor economic status. Thus, this study finds that being categorized as having a high economic status significantly hampers working mothers to continue providing exclusive breastfeeding (OR 1.7 (95% CI: 1.1-2.8)).

Discussion

This study uses the concept of positive deviance as a new strategy for exploring and/or empirically investigating the factors that can aid mothers in their efforts to continue practicing exclusive breastfeeding even in adverse circumstances. Extant literature suggests that maternal working status can be considered as one of the greatest challenges for mothers to provide exclusive breastfeeding (18–20). Linberg (1996) uses a role-incompatibility model to explain why working women find it difficult to breastfeed successfully: the study suggests that working and breastfeeding are two incompatible activities. The reason for such incompatibility is that currently, working mothers still face far greater barriers than those who do not work, such as: 1) a lack of daycare services in the workplace – which causes the inability of the child to be breastfed by the mother at any time; 2) lack of maternity leave, which requires mothers to return to work before 6 months; 3) rigid work schedules, which also makes it more difficult for mothers to find time to express breastmilk; and lastly, 4) the lack of exclusive breastfeeding knowledge among working mothers, which has also been identified as a major hindrance (19,20). However, the results of this study also suggest that there are mothers who have managed to provide exclusive breastfeeding despite the fact that they are working.

One of the factors that enable working mothers to continue providing exclusive breastfeeding is if they have completed ANC visits, which are at least 4 times – once during the first trimester, once during the second trimester, and twice during the third trimester. Regulation of the Minister of Health of the Republic of Indonesia Number 97 of 2014 mandates that there should be 10

integrated services during the ANC visits, including nutrition education and counseling. In nutrition education and counseling, the materials that must be disseminated to the mothers are colostrum, combined care, early initiation, only 6 months of breastfeeding, no formula, the desire to breastfeed, the importance of breast milk, and nipple care (21). Thus, mothers who attend ANC visits may receive more information about breastfeeding than their counterparts who do not. Studies have shown that these ANC breastfeeding education classes have proven to be potent in increasing the knowledge, attitudes as well as heightening the motivation of mothers to provide breastfeeding to their children. Subsequently, these factors would then become a predictor for mothers giving exclusive breastfeeding during childbirth (5,6,12).

In addition to completing ANC visits, carrying out complete PNC visits – for which the government recommends, at the very least, a minimum attendance of three sessions – also helps the positive deviants continue their breastfeeding practices. During the PNC visit, mothers are not only provided with information about breastfeeding, but they are also assisted in practicing exclusive breastfeeding with the right techniques. Obstacles encountered at the beginning of the breastfeeding period are one of the main reasons mothers stop breastfeeding. As such, lactation support during PNC is very important for mothers to continue breastfeeding (22).

Furthermore, economic status plays an important role in ensuring the continuation of breastfeeding practice among working mothers. More specifically, high economic status is associated with low prevalence of exclusive breastfeeding: positive deviants are more likely to breastfeed if

they belong to poor economic status. This finding can be explained by the accessibility of physical, financial, and information related to breast milk substitute products, such as infant formula. Further data exploration suggests that mothers with high economic status tend to give formula to their babies and there's a significant association between economic status and infant formula. In addition, mothers with poor economic status usually have more vacant time than their counterparts in the upper middle class due to flexibility in their jobs, such as in agriculture. Day-to-day activities as a worker in the agricultural sector enables mothers to take their infants to the fields, where the mother works. On the contrary, middle and upper economic status jobs entail a relatively rigid work schedule. As such, babies are usually left at home and taken care of by caregivers (23). Exploration analysis also suggests a significant relationship between the type of maternal occupation and prevalence of exclusive breastfeeding.

There is no significant relationship between exclusive breastfeeding and several factors such as education, residency, age, and parity. Such finding is in parallel to that of other studies: Banu and Khanom (24), Sari (20), Mogre, et al. (6), Guo, et al (25). There is also no significant association between exclusive breastfeeding and early initiation, method of delivery, possession of a MCH handbook, child's birth weight, and support from health professionals. This is in line with studies from Syamiyah and Helda (26), Hunegnaw, et al. (14), Hossain, et al. (12), Setegn, et al. (27), Tahiru, et al.(28), and Sholikah (29).

Thus, several conclusions can be derived from the data analysis. The results suggest that positive deviants can continue to provide exclusive

breastfeeding by doing a complete ANC and PNC visits. Having a high economic status can prevent mothers from giving exclusive breastfeeding due to rigidity in their work schedules and ability to buy formula for their children, but mothers can overcome this by obtaining adequate knowledge on the appropriate infant formula and formulating strategic plans to achieve better time-management in facilitating their efforts to continue providing exclusive breastfeeding to their infants.

Conclusion

This study shows that the coverage of exclusive breastfeeding for infants aged 0-5 months in Indonesia in 2017 was 52.5%. This figure points to an improvement compared to the preceding years, which only amounted to 42% in 2012. Maternal working status is a risk factor that possesses strong association with the failure of providing exclusive breastfeeding. The study finds that exclusive breastfeeding prevalence only amounts to 45.5% of all working mothers. Although these working mothers may have limitations due to their work schedules, research suggests that mothers can still find ways to provide exclusive breastfeeding. Complete ANC and PNC visits, in accordance with the Ministry of Health's program, are major factors behind the success of exclusive breastfeeding. On the other hand, belonging to a high economic status remains a limitation for working mothers to continue providing exclusive breastfeeding, which is attributable to the easy access to breastmilk substitutes, such as infant formula, as well as to the limited time due to the relatively rigid work schedules among the high economic status occupations. Lastly, there is no significant relationship between exclusive breastfeeding and education,

residency, age, parity, early initiation, method of delivery, possession of MCH handbooks, child's birth weight, and support from health professionals.

It is recommended that the promotion of ANC and PNC visits for working mothers are actively done by companies, health facilities, and the government. For further research, it is recommended to find out more about the unique behavior of working mothers who succeed in exclusive breastfeeding, particularly those who also make ANC and PNC visits. Research can be conducted using qualitative methods to get a more in-depth explanation.

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