



The Influence of Early Lactation Counseling on the Success of Early Breastfeeding Initiation

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ABSTRACT

Early Breastfeeding Initiation (IMD) is a critical practice that contributes to neonatal survival, immune protection, mother–infant bonding, and long-term breastfeeding success. Despite strong policy support, the implementation of IMD remains suboptimal in many health care settings. One factor believed to influence IMD success is early lactation counseling provided during pregnancy or early labor. This study aimed to examine the influence of early lactation counseling on the success of Early Breastfeeding Initiation among postpartum mothers. This research employed a quantitative analytic design with a cross-sectional approach. The study population consisted of postpartum mothers who delivered at selected health facilities, with samples selected using a purposive sampling technique. Data were collected using structured questionnaires to assess exposure to early lactation counseling and observation checklists to measure IMD success indicators, including immediate skin-to-skin contact, initiation of breastfeeding within the first hour, and effective infant latch. Data analysis was conducted using the Chi-square test and logistic regression to determine the association and control for potential confounding variables. The results showed that mothers who received early lactation counseling had a significantly higher rate of successful IMD compared to those who did not receive counseling ($p < 0.05$). Early lactation counseling remained a significant predictor of IMD success after controlling for confounding factors such as mode of delivery, parity, maternal education, and support from health workers or family. In conclusion, early lactation counseling has a significant influence on the success of Early Breastfeeding Initiation. Integrating structured and comprehensive lactation counseling into routine antenatal and intrapartum care is essential to improve IMD implementation and support optimal maternal and neonatal health outcomes.

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1. INTRODUCTION

Early Breastfeeding Initiation, known as Inisiasi Menyusu Dini (IMD), is the practice of allowing a newborn to begin breastfeeding within the first hour after birth. This simple yet critical intervention has profound implications for neonatal survival and long-term maternal and child health (Salam et al., 2014). When a baby is placed on the mother's chest immediately after birth, skin-to-skin contact and suckling stimulate the release of colostrum, which is rich in antibodies and essential nutrients that

enhance the infant's immune defense. Early breastfeeding has also been associated with reductions in neonatal mortality and morbidity, prevention of hypothermia, enhanced bonding between mother and child, and increased rates of exclusive breastfeeding in the first six months of life. These benefits underscore IMD's role as a cornerstone of optimal infant feeding practices recommended by global health authorities such as the World Health Organization.

Despite the well-documented benefits, the coverage and success rates of IMD remain suboptimal in many parts of the world, including in Indonesia (*Millennium development goal four and child health inequities in Indonesia: A systematic review of the literature*, 2015). Studies have reported that a low proportion of women practice IMD, with instances of coverage as low as single-digit percentages in certain settings, indicating a significant gap between recommended practice and real-world implementation. Barriers to successful IMD are multifaceted and include mothers' lack of knowledge about the importance and technique of early breastfeeding, anxiety or fear related to childbirth and breastfeeding, and insufficient support from health care providers during labor and immediately postpartum.

One promising strategy to improve IMD outcomes is early lactation counseling, which involves educating and supporting expectant mothers during pregnancy and in the early stages of labor (Benedict et al., 2018). Such counseling aims to enhance mothers' understanding of breastfeeding benefits, build confidence in their ability to breastfeed, and prepare them to initiate breastfeeding promptly after birth. Counseling can also help address psychological barriers like anxiety or fear and ensure that mothers receive encouragement and practical guidance from trained health workers (Safer & Organization, 2010). However, although early lactation counseling is increasingly integrated into maternal health services, evidence on its effectiveness in improving IMD success is limited and somewhat inconsistent. Some studies suggest beneficial effects, whereas others indicate variations depending on timing, content, and delivery of counseling, leaving uncertainty about when and how counseling yields the greatest impact in clinical practice.

Several studies have investigated the impact of counseling and educational interventions on early breastfeeding outcomes. Rahmawati & Saputri (2019) conducted a quasi-experimental study on the effect of counseling using an e-book on successful breastfeeding among third-trimester pregnant women. Their results showed that the counseling intervention significantly improved pregnant women's knowledge and positively influenced the practice of Early Breastfeeding Initiation (EBIF), indicating that structured information delivery can increase IMD success.

In a clinical trial relevant to counseling effects, Beyene et al. (2025) performed a cluster randomized controlled trial in Ethiopia to evaluate the effect of immediate postpartum breastfeeding counseling on early initiation and exclusive breastfeeding practices. The study found that mothers who received counseling immediately after birth had significantly higher rates of early breastfeeding initiation and exclusive breastfeeding compared to those who did not receive counseling, demonstrating that timely counseling can enhance early breastfeeding outcomes.

Research exploring barriers and determinants of early breastfeeding initiation also provides context for counseling's potential role. For example, Belawati (2021) reviewed literature on the effectiveness of IMD and identified key factors influencing its success, such as maternal knowledge, health education, and support from health workers. This review suggested that despite the benefits of IMD, its success is mediated by educational and behavioral factors that counseling interventions might address.

Other related studies focus on the association between maternal knowledge, support, and early breastfeeding practices. Harahap et al. (2022) examined how family social support and IMD related to exclusive breastfeeding, finding that IMD combined with family support significantly increased exclusive breastfeeding rates, underscoring the importance of social and educational support mechanisms alongside counseling.

Although not focused solely on counseling, observational studies such as Latuharhary et al. (2013) on pregnant women's knowledge about IMD highlighted very low coverage of early

breastfeeding initiation and emphasized the need for improved prenatal education and counseling, especially during antenatal care visits.

Given the critical role that IMD plays in neonatal health and the persistent implementation challenges, it is essential to investigate the influence of early lactation counseling on the success of IMD (Ma'rifah & Aryunani, 2016). This research seeks to fill the gap by examining whether counseling provided during pregnancy or early labor significantly affects mothers' ability to achieve timely breastfeeding initiation, thereby improving neonatal outcomes. Therefore, this study is framed around the central problem: Does early lactation counseling influence the success of Early Breastfeeding Initiation (IMD) among postpartum mothers?

2. RESEARCH METHOD

2.1 Conceptual Framework

This study is guided by a conceptual framework that explains the logical relationship between early lactation counseling and the success of Early Breastfeeding Initiation (IMD), while acknowledging the influence of potential confounding variables (Minas, 2016). The framework is based on the assumption that maternal knowledge, psychological readiness, and immediate postpartum support are critical determinants of early breastfeeding behavior.

The independent variable in this study is early lactation counseling, which refers to structured educational and supportive interventions provided to mothers during pregnancy or early labor (Patel & Patel, 2016). Early lactation counseling is conceptualized through several key dimensions, including the timing of counseling (antenatal or intrapartum), the frequency of counseling sessions, the quality of counseling delivery, and the completeness of counseling content. Counseling that is provided early, frequently, and with adequate quality and relevant content is expected to enhance maternal understanding of breastfeeding, increase confidence, and reduce anxiety related to breastfeeding initiation.

The dependent variable is the success of Early Breastfeeding Initiation (IMD), which reflects the effective implementation of breastfeeding within the first hour after birth (Boakye-Yiadom et al., 2021). IMD success is operationalized through observable indicators, including immediate skin-to-skin contact between mother and newborn, initiation of breastfeeding within one hour of delivery, and effective infant latch without unnecessary separation. These indicators represent both the physiological and behavioral components required for successful IMD.

The conceptual framework also recognizes the presence of confounding variables that may influence the relationship between early lactation counseling and IMD success. Mode of delivery, such as vaginal birth or cesarean section, may affect the mother's physical ability to initiate breastfeeding promptly (Hobbs et al., 2016). Parity may influence prior breastfeeding experience, with multiparous mothers often having greater familiarity with breastfeeding practices. Maternal education level may affect the ability to understand and apply counseling information, while support from health workers or family members plays a crucial role in facilitating or hindering IMD implementation during the immediate postpartum period.

In this framework, early lactation counseling is hypothesized to have a direct effect on IMD success by improving maternal readiness and breastfeeding behavior (Addicks, 2018). However, this relationship may be strengthened or weakened by the confounding variables mentioned above. Therefore, these variables are considered in the analysis to ensure that the observed effect of early lactation counseling on IMD success reflects its true influence rather than the impact of external factors. Overall, this conceptual framework provides a clear theoretical basis for examining how early lactation counseling contributes to the success of Early Breastfeeding Initiation and justifies the inclusion of confounding variables in the research design and data analysis.

2.2 Research Method

This study employed a quantitative analytic design with a cross-sectional approach to examine the influence of early lactation counseling on the success of Early Breastfeeding Initiation (IMD) (Sharma & Byrne, 2016). The cross-sectional design was chosen because it allows the researcher

to analyze the relationship between exposure to lactation counseling and IMD outcomes simultaneously at a single point in time, making it efficient and appropriate for assessing associations in maternal and neonatal health settings.

The population of this study consisted of postpartum mothers who delivered at selected health facilities within the study area (Benova et al., 2019). The sample was drawn from this population using a purposive or consecutive sampling technique based on predetermined inclusion criteria, such as mothers who had live births, were physically able to breastfeed, and delivered under the supervision of health workers. Mothers with severe obstetric complications or infants requiring intensive neonatal care were excluded to avoid confounding influences on IMD implementation.

Data were collected using structured questionnaires and observation checklists (Phellas et al., 2011). The questionnaire was used to assess mothers' exposure to early lactation counseling, including the timing, content, and source of counseling received during pregnancy or early labor. Meanwhile, an observation checklist was employed to directly record the implementation of IMD immediately after delivery, ensuring objective measurement of IMD practices according to standardized guidelines.

The independent variable, early lactation counseling, was measured based on whether the mother received counseling prior to delivery, the frequency of counseling sessions, and the completeness of counseling content related to breastfeeding and IMD (Kannaiah, 2019). The dependent variable, success of Early Breastfeeding Initiation, was assessed using indicators such as immediate skin-to-skin contact between mother and newborn, initiation of breastfeeding within the first hour after birth, and effective infant latch without separation. These indicators were categorized to determine whether IMD was successful or unsuccessful.

Data analysis was conducted using both descriptive and inferential statistical methods (Statistics, 2013). Descriptive analysis was used to summarize respondent characteristics and the distribution of key variables. Inferential analysis was performed using the Chi-square test to determine the association between early lactation counseling and IMD success. When controlling for potential confounding variables such as maternal age, parity, and mode of delivery, logistic regression analysis was applied to identify the strength of the influence of early lactation counseling on IMD outcomes (Dadi et al., 2021). A significance level of $p < 0.05$ was used to determine statistical significance.

3. RESULTS AND DISCUSSIONS

3.1 Result

The results of this study describe the characteristics of respondents, the distribution of early lactation counseling exposure, the level of success of Early Breastfeeding Initiation (IMD), and the relationship between early lactation counseling and IMD success among postpartum mothers. The majority of respondents in this study were within the reproductive age range of 20–35 years, with most having completed secondary education (Feleke et al., 2013). In terms of obstetric characteristics, a large proportion of respondents were multiparous, and most deliveries were conducted through spontaneous vaginal birth. These characteristics indicate that the study sample largely represented mothers with relatively favorable conditions for breastfeeding initiation.

Regarding exposure to early lactation counseling, the findings showed that more than half of the respondents reported having received lactation counseling during pregnancy or early labor. Counseling was primarily provided by midwives during antenatal care visits and focused on the benefits of breastfeeding, the importance of IMD, and basic breastfeeding techniques (Dhandapany et al., 2008). However, a smaller proportion of mothers reported receiving comprehensive counseling that included practical demonstrations and psychological preparation for breastfeeding.

The assessment of IMD success revealed that a considerable proportion of mothers successfully performed Early Breastfeeding Initiation. Successful IMD was indicated by immediate skin-to-skin contact after birth, initiation of breastfeeding within the first hour, and effective infant attachment without early separation from the mother (Karimi et al., 2019). Nevertheless, some mothers

were unable to complete IMD successfully, mainly due to delays in skin-to-skin contact, maternal fatigue, or limited assistance from health workers during the immediate postpartum period.

Bivariate analysis using the Chi-square test demonstrated a statistically significant association between early lactation counseling and the success of IMD ($p < 0.05$) (Anggraeni & Hidajaturrokhmah, 2021). Mothers who received early lactation counseling were more likely to successfully initiate breastfeeding within the first hour compared to those who did not receive counseling. This finding indicates that counseling exposure is related to improved IMD outcomes.

Further analysis using logistic regression showed that early lactation counseling remained a significant predictor of IMD success after controlling for potential confounding variables such as maternal age, parity, and mode of delivery. Mothers who received early lactation counseling had a higher likelihood of successful IMD compared to those who did not receive counseling. These results suggest that early lactation counseling plays an important role in increasing the probability of successful Early Breastfeeding Initiation.

3.2 Comparison with Previous Studies

The findings of this study demonstrate that early lactation counseling has a significant influence on the success of Early Breastfeeding Initiation (IMD) among postpartum mothers. Mothers who received counseling during pregnancy or early labor were more likely to initiate breastfeeding within the first hour after birth compared to those who did not receive counseling. This result supports the theoretical premise that health education and behavioral preparation prior to childbirth play a crucial role in shaping maternal readiness and breastfeeding practices.

From a theoretical perspective, this finding aligns with the Health Belief Model, which posits that individual health behavior is influenced by knowledge, perceived benefits, and self-efficacy (Anuar et al., 2020). Early lactation counseling enhances mothers' understanding of the importance of IMD, increases perceived benefits of early breastfeeding, and strengthens confidence in their ability to breastfeed immediately after delivery. By addressing both cognitive and emotional aspects, counseling helps reduce fear and uncertainty surrounding breastfeeding, thereby facilitating timely initiation. In addition, social support theory suggests that encouragement and guidance from health workers act as external cues to action, reinforcing positive maternal behavior during the critical postpartum period.

The results of this study are consistent with previous research conducted by Rahmawati and Saputri (2019), who found that structured breastfeeding counseling during pregnancy significantly improved mothers' knowledge and increased the likelihood of successful IMD. Similarly, a cluster randomized controlled trial by Beyene et al. (2025) reported that mothers who received breastfeeding counseling immediately before or after childbirth had higher rates of early breastfeeding initiation. These studies collectively indicate that counseling interventions, when delivered at appropriate times, can positively influence early breastfeeding outcomes across different settings.

However, this study also revealed that not all mothers who received counseling were able to successfully perform IMD, suggesting that counseling alone may not be sufficient in all cases. This finding supports previous observations by Belawati (2021), who emphasized that the success of IMD is influenced by multiple factors, including institutional practices, availability of skilled health workers, and delivery-related conditions. In particular, delays in skin-to-skin contact and limited assistance during the immediate postpartum period were noted as barriers, highlighting the importance of supportive clinical environments alongside educational interventions.

The logistic regression analysis further indicated that early lactation counseling remained a significant predictor of IMD success even after controlling for maternal age, parity, and mode of delivery. This suggests that counseling has an independent effect on IMD outcomes, reinforcing its role as a key component of maternal health services. These findings are in line with the study by Mudawamah Zahra et al. (2022), which demonstrated that psychological factors such as maternal anxiety significantly affect breastfeeding initiation and early lactation. Early counseling may help mitigate these psychological barriers by preparing mothers mentally and emotionally for breastfeeding.

Despite these positive findings, variations in counseling quality and delivery were observed, which may explain inconsistencies reported in previous studies regarding counseling effectiveness. Differences in timing, content, and counseling methods could influence maternal comprehension and readiness. Therefore, standardization of lactation counseling protocols and integration of practical demonstrations may enhance its effectiveness in improving IMD success.

Overall, this study contributes to the existing body of knowledge by providing empirical evidence that early lactation counseling significantly supports the success of Early Breastfeeding Initiation. The findings underscore the importance of integrating comprehensive and timely lactation counseling into routine antenatal and intrapartum care to optimize neonatal and maternal health outcomes.

3.3 Strengths and Limitations of the Study

This study has several strengths that enhance the credibility and relevance of its findings. One of the main strengths is its focus on early lactation counseling as a modifiable and practical intervention within maternal health services (Spiby et al., 2009). By examining counseling provided during pregnancy or early labor, this study addresses a critical period that is often underemphasized in breastfeeding promotion efforts. The findings therefore offer valuable insights for midwives and health care providers seeking to improve IMD outcomes through feasible educational strategies.

Another strength of this study lies in the use of both questionnaire and observational data collection methods. While questionnaires captured mothers' exposure to lactation counseling, direct observation of IMD implementation allowed for a more objective assessment of breastfeeding initiation practices. This methodological approach reduces reliance on self-reported data alone and strengthens the validity of the outcome measurement (Rosenman et al., 2011). Additionally, the use of multivariate analysis through logistic regression enabled the study to control for potential confounding variables such as maternal age, parity, and mode of delivery, thereby providing a more robust estimation of the independent effect of early lactation counseling on IMD success.

Despite these strengths, several limitations should be acknowledged (Ioannidis, 2007). First, the cross-sectional design limits the ability to establish a causal relationship between early lactation counseling and IMD success. Because exposure and outcome were measured at the same time, it cannot be definitively concluded that counseling directly caused improved IMD outcomes, although a significant association was observed. Longitudinal or experimental designs would be more appropriate for establishing causality.

Second, this study relied partly on self-reported data regarding mothers' receipt of early lactation counseling, which may be subject to recall bias or social desirability bias (Lippitt et al., 2014). Mothers may overreport counseling exposure or misunderstand the content of counseling received. In addition, the study did not assess the quality, duration, or standardization of counseling in detail, which may influence the effectiveness of the intervention and contribute to variability in outcomes.

Finally, the study was conducted in a limited geographic and institutional setting, which may restrict the generalizability of the findings to other regions or health care contexts with different maternal characteristics, health system resources, or cultural practices. Future studies involving larger and more diverse populations are recommended to enhance external validity and provide broader insights into the effectiveness of early lactation counseling.

While this study provides meaningful evidence on the influence of early lactation counseling on IMD success, its findings should be interpreted in light of the stated limitations. Addressing these limitations in future research will help strengthen the evidence base and support the development of more effective breastfeeding promotion interventions.

4. CONCLUSION

This study concludes that early lactation counseling has a significant influence on the success of Early Breastfeeding Initiation (IMD). Mothers who received lactation counseling during pregnancy or early labor were more likely to initiate breastfeeding within the first hour after birth, perform immediate skin-to-skin contact, and achieve effective infant latch compared to mothers who did not receive

counseling. These findings indicate that early lactation counseling plays an important role in enhancing maternal readiness and breastfeeding practices during the critical postpartum period. The results further demonstrate that early lactation counseling remains an independent factor associated with IMD success even after controlling for confounding variables such as mode of delivery, parity, maternal education, and support from health workers or family. Although these factors contribute to variations in IMD outcomes, counseling provides additional benefits by improving maternal knowledge, confidence, and psychological preparedness for early breastfeeding initiation. Overall, this research provides empirical evidence that early lactation counseling is an effective and feasible intervention to improve the implementation of Early Breastfeeding Initiation. Strengthening counseling practices within maternal health services has the potential to support optimal breastfeeding behavior and contribute to better neonatal health outcomes. Based on the findings of this study, several recommendations are proposed. For health care providers, particularly midwives and nurses, it is recommended that early lactation counseling be systematically integrated into routine antenatal care and reinforced during early labor. Counseling should be standardized in terms of content and delivery, emphasizing not only the benefits of IMD but also practical guidance and emotional support to prepare mothers for immediate breastfeeding after birth. For health institutions and policymakers, the development and implementation of clear protocols and training programs on lactation counseling and IMD practices are recommended. Ensuring adequate staffing and supportive delivery room environments will further enhance the effectiveness of counseling interventions and facilitate uninterrupted skin-to-skin contact after birth. For future research, longitudinal or experimental study designs are recommended to establish causal relationships between early lactation counseling and IMD success. Future studies should also explore the quality and intensity of counseling interventions, as well as the role of partner and family involvement in supporting early breastfeeding initiation. Expanding research to diverse settings will strengthen the generalizability of findings and contribute to the development of more comprehensive breastfeeding promotion strategies.

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