

Health Promotion Through Counseling and Literary Interventions: Media to Increase Breastfeeding Mothers' Well-Being

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The WHO target of achieving 80% success rate of breastfeeding mothers for a minimum of 6 months has not been met, so a program had been performed on 105 pregnant and post-delivery women through counseling and literary interventions. Six months after delivery they were traced back and a questionnaire of three open ended questions was sent by mail to them. A total of 45 women responded to the questionnaire. They were asked about the benefits of the interventions, the prosperity enjoyed, and of suggestions to encouraged breastfeeding behavior. The answers were qualitatively analyzed. Results showed that after the interventions, they got more understanding, motivated, and happy. They experienced physical, psychological, and social well-beings. Unfortunately medical teams and the community were not fully participating yet in encouraging mothers to breastfeed. It is recommended to promote breastfeeding through competent motivators for the welfare of families and nation.

Keywords: health promotion, breastfeeding, counseling, reading material

Target WHO agar 80% ibu menyusui minimal 6 bulan belum tercapai, sehingga perlu dilakukan upaya melalui intervensi penyuluhan dan materi bacaan. Promosi dilakukan pada 105 ibu hamil dan pasca-melahirkan. Kelompok ini ditelusuri kembali setelah 6 bulan melahirkan. Kepada mereka ditanya per surat tiga pertanyaan terbuka tentang manfaat intervensi, kesejahteraan yang dinikmati melalui ASI, dan saran untuk menggalakkan pemberian ASI. Sebanyak 45 ibu yang menyampaikan jawabannya. Jawaban dianalisis melalui metode kualitatif deskriptif. Hasil menunjukkan bahwa para ibu mendapat manfaat dari intervensi, semakin mengerti, termotivasi, dan bahagia. Mereka menikmati kesejahteraan fisik, psikis, maupun sosial. Di pihak lain diutarakan bahwa belum sepenuhnya tim medis maupun masyarakat berpartisipasi dalam menggalakkan ASI. Disarankan agar masalah ASI disosialisasikan ke masyarakat luas melalui para motivator yang kompeten, untuk kesejahteraan keluarga dan bangsa.

Kata kunci: promosi kesehatan, menyusui, penyuluhan, bacaan

The regulation of increasing the habit of breastfeeding was stated by the Minister of Health in the event "World Breast Milk Week 2010" in Jakarta (Promosi Kesehatan, 2011). The goal of this event was that every nation continually act together in helping mothers breastfeed successfully. Health promotions convey the benefits of breastfeeding and the management that start since pregnancy, birth, and until the baby is two years old.

Exclusive breastfeeding on babies under two months old, according to the Indonesian Demography and Health Survey 2006-2007, only covered 67% of the total. The percentage decreased as the babies grew older, becoming 54% on 2-3 year olds, and 19% on 7-9 year olds. To make

matters worse, 13% of babies under two months old had been given extra food (Sentra Laktasi Indonesia, 2011). Widagdo, Mawardi, & Hannah, (2000) stated that breast milk had more benefits in the aspects of nutrition, child and mother's health, psychologically, and economically. Breast milk has nutritional components that are vital for children, such as carbohydrates (6.5-7%), proteins (1-1.5%), fats (3.5%), vitamins, minerals, and water.

One of the methods to anticipate the less conducive condition regarding breast milk problem is by education through Health Promotions. Promotions have the goal of increasing knowledge and awareness, such as what was being done by health promotion professionals in England (Earle, 2002). They actively promoted breastfeeding because England was at the bottom of the ranks of European countries and advanced countries in the

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success of breastfeeding. The research by Earle showed that: the failure of breastfeeding was caused by the mothers' decision to use formulated milk, which was taken before there was intervention by the health staffs. Health Promotion campaigns successfully increased the awareness of mothers regarding breast milk, but this was not enough to change the mindset of mothers that have decided not to breastfeed. The effort to make husbands participate had positive effects due to the fact that there are mothers with a mindset of not wanting to breastfeed because they consider themselves as 'non-mothers'.

Health Promotion would be interesting if the subjects were given the freedom to choose and be empowered (Koelen & Lindstrom, 2005). This condition becomes difficult when individuals were unable to or do not have control of their own condition or their environment, as stated by a mother, that when her child was just born and she had inverted nipples, she could not breastfeed, she was blamed by her parents for it, then she instantly chose the option of using formulated milk instead.

This state of confusion diverted their attention to a wrong direction which became the target for those working in the business of breast milk substitution. Health Promotion should empower mothers to continue to focus on breastfeeding when they are faced with any kind of problems.

The Health Promotion for breastfeeding is celebrated every year on the World Breast Milk Week, held every August. The theme for the year 2011 was "Talk to me! Breastfeeding, a 3D Experience!" This phrase was interpreted as "Say to me! Breastfeeding is excellent." This event was celebrated in order to increase the awareness regarding the importance of breast milk for babies and the need of support for parents in order to successfully breastfeed their babies (Promosi Kesehatan, 2011).

Renwick (1996) stated that the main goal of Health Promotion was to increase the control in order to improve health and quality of life. This problem had been stated in The Ottawa Charter (WHO, 1986) that suggested Health Promotion in the attempt to build healthy public policy, create supportive environment, strengthen actions in the community, grow individual skills, and reorienting health services. Mothers' health was also ensured in decreasing the possibility of malignant diseases and reducing pregnancy when breast milk was given exclusively. Close relationship was build by the process of breastfeeding, also breast milk is cheaper and more practical.

From an ecological approach, the urban environment is conducive for Health Promotions. Advertisement media promote and affect stereotypes of both healthy or risky behaviors. Educational system was relied upon to build healthy behavior and strengthen healthy social norms. Vinck (2007) stated that in order to stop focusing on res-

possibilities and individual rationality, understanding that health related behavior is a habit, and starting to work with the situational chance that creates and strengthen behavior.

The promotion given to pregnant mothers causes questions by Dhandapany, Bethou, & Arunagirinthan (2008) as to whether it was adequate. The results of their research showed that the awareness of breastfeeding is higher on the group of mothers that were touched by Health Promotion compared to the group of mothers that were not touched by the promotion.

Psychological interaction was showed in the study conducted by Wattimena, Prasetyo, & Wulandari (2011). In the mother's embrace during breastfeeding, children feel safe and comfortable. The children experience consistent and responsive care, and also grow in positive internal patterns of interrelation. Children also became smart in giving value and respecting fellow humans, a skill that is the building blocks to be successful in interrelations.

The touch of Health Promotion can be achieved using several methods, such as counseling events and literary interventions. These two media are the focus of this study regarding the benefits of intervention.

Problem Statement

The lack of popularity of breastfeeding during a minimum of six months. This less than conducive can become a threat on the health of children and mothers' body and soul, both at the start as well in later life, which then can have negative effect on the family, environment, nation, and country well-being.

The goal of this study was to evaluate the effectiveness of Health Promotion through counseling and literary intervention, in increasing the awareness of mothers regarding the dynamics of breastfeeding, stimulating them to breastfeed their children for a minimum of six months, and increasing the well-being of mothers, children, and their families.

Research Question

Is Health Promotion through counseling and literary intervention regarding the dynamics of breastfeeding is effective in: a) increasing the awareness of mothers of breast-

Table 1
Respondents' Level of Education

Number	Level of Education	Percentage (%)
1	Sarjana Strata 1 (S1)	40
2	Diploma III (DIII)	4
3	Senior High School	54
4	Junior High School	2
	Total	100

feeding dynamics; b) stimulating mothers so that they will breastfeed their children for a minimum of six month; c) increasing the well-being of mothers, children, and their families.

Method

Subject Profile

Subjects were mothers who checked their pregnancy at two Mother and Child Well-Being Center in Surabaya. They were given intervention in the form of counseling conducted privately by the authors, and literary intervention using books (written by the first author) about breastfeeding. The intervention process was conducted for more than one year. Based on the collected data during the study, there were 105 mothers who had been given intervention with children older than six months. Questionnaires were sent to these mothers via mail, in order to find out how far their knowledge was regarding breastfeeding. The ones that responded were 45 mothers (43%) with the age variation of 22-41 years old (31 years old on average) with a daily activity as housewives (67%) and office workers (33%). The respondents' level of education is shown in Table 1.

Instrument and Data Collection Technique

Instruments consisted of three open questions, which were: What important knowledge was received from the counseling or literature regarding breastfeeding? What kind of happiness did you and your family feel from breastfeeding? What advices would you give for the common progress in improving breastfeeding?

The questionnaires were sent to subjects via mail. An empty envelope with a stamp was included in each of the sent envelopes for the respondents to use in their replies. The waiting for the replies were as long as around one and a half month.

Findings and Data Analysis

Forty five mothers who replied to the questionnaires were mothers who could answer the three open questions regarding their knowledge of breastfeeding, the experienced happiness from breastfeeding, and the advices on the improvement of breastfeeding. The mothers were able to answer the open questions by using simple answers, yet comprehensible and could be well understood by the authors.

The qualitative data was organized, given themes, and then categorized. The data was then arranged into a scheme that gives a picture about the dynamics of the answers re-

ceived, in order to find a meaning. The results were analyzed using the descriptive qualitative approach.

In general the data analysis showed no particular differences in the answers of the mothers. Even though there were differences in age, employment status, and level of education, their expression in conveying their feelings in breastfeeding was the same. The main point was the female instinct that was proud and happy in becoming a mother of a child whose health and well-being was fought for through breastfeeding.

Results and Discussion

This study used qualitative methods in the form of questionnaires that were given to the respondents. The authors used three open questions, which were: 1) What important knowledge was received from the counseling or literature regarding breastfeeding?; 2) What happiness did you and your family feel from breastfeeding?; 3) What advices would you give for us all in improving breastfeeding?. The discussion of the questions is as follows:

The Benefits of Health Promotion

Through the question "What important knowledge was received from the counseling or literature regarding breastfeeding," 45 respondents stated that there was an increase in knowledge and enhanced motivation and happiness from the Health Promotion.

In the process of increasing knowledge, there was an increase in knowledge, understanding, and awareness. "I was changed from not knowledgeable into knowledgeable about breastfeeding." Mothers became more knowledgeable regarding the dynamics of breastfeeding, and learned how to understand the importance of the breastfeeding process. Through the increase, they became aware on the divine properties and benefits of breast milk. "This is a bounty from God which is unbeatable." Other than that, mothers also understood the proper

The motivation to breastfeed was triggered by the Health Promotion. The morale, inspiration, and optimism was born, conveyed with "Counseling gave me the morale and inspiration to breastfeed my children. By reading books about breastfeeding, I became optimistic that I can give the best for my children through breast milk." The happiness and benefits that was stated by the mothers of the chance to be touched by Health Promotion was conveyed as "I am happy and feeling very lucky to be able to receive the counseling that I did not receive during my first pregnancy."

The statements from the respondents showed the positive effects of Health Promotion as a media to increase know-

ledge, specifically informally regarding breast-feeding. The increased knowledge was assumed to have a role in increasing their comprehension about breastfeeding so it could be concluded that if the mothers' understanding about breastfeeding was increased, then the mothers would then breastfeed their children. This was supported by the research by Wulandari, Komariah, & Ermiaty (2008), stating that the low knowledge and self-awareness did not support the success of breastfeeding exclusively. Chezem, Friesen, Boettcher (2003) also stated that knowledge was the best method to increase mothers' comprehension regarding the dynamics of breastfeeding. Subjects with the knowledge test score above average would have the success rate of breastfeeding ten times higher than those with below average scores. According to Siswanto (2009) health education about breastfeeding should be informally implemented, stressing on how important the role of parents should be in nurturing their children since birth, a time that he called as a "golden time." Problems of breastfeeding should include adequate nutrition, healthy environment and housing, clean sanitation, and prevention of diseases.

The success of an intervention by Health Promotion was also stated by Dhandapany et al. (2008), who showed that the awareness to breastfeed was better in the group of mothers that was touched compared to the group of mothers that was not touched. Aidam, Escamilla, & Lartley (2005) also compared two groups of mothers with different intervention. The group who received intervention had more success in breastfeeding than the group that did not receive intervention.

The Well-Being of Breastfeeding Mothers

The question "What happiness did you and your family feel from breastfeeding?" revealed that respondents feel happiness physically, psychologically, and socially. Respondents also behaved positively in collaboration and responsibility. The question was answered and mailed by 45 respondents.

Physical well-being that was experienced by the mothers was related with the process of giving birth and natural contraception media. "Breastfeeding also reduces bleeding and can be used as temporary contraception." Mothers also understood that breastfeeding was an attempt in preventing malignant breast cancer. Mothers were happy because breastfeeding was related to their physical beauty, as conveyed with "Breastfeeding makes us ever young."

Psychological well-being was expressed as feeling of pride, happiness, confidence, and perfection as a woman who successfully breastfed her children. "There is so much happiness that I feel from the breastfeeding experience, an invaluable satisfaction because there are so much

nutrition in my breast milk." Mothers were satisfied because they gave their children their rights, and also fulfilling their responsibilities in giving the best for the health of their children's body and soul, as conveyed with "I am happy because my child's life is so dependent on me... by breastfeeding, I feel ensured."

Social well-being was felt in the family. "I become a full woman (all in one). My relationship with my husband become closer, and our small family are very happy. I, my husband, and child can feel the strong spiritual connection when I do breastfeeding." Economically, there is a saving that calms and delights the parents, as conveyed with "The expense for formulated milk can be allocated for the savings of the child. This makes me and my husband feel calm."

Positive behavior in collaboration was shown in the mothers' statement that through the process of breastfeeding, there was a personal communication between mother and child. This communication spread to the husband who also behaved positively in the collaboration. "Children became closer spiritually with the mother, and their hearts are one. By breastfeeding, I communicate with my child personally, having a conversation without diversion, and my child become more focused with what I am conveying, be it telling stories or singing. My closeness with my child has grown strong, so is the same with my husband who continues to support and help me in fulfilling my breastfeeding needs. Me and my child feel very close, having and needing each other; my husband supports me, so our savings increase again."

By breastfeeding, mothers had the chance to show their responsibility in children's well-being. Children had the chance to enjoy health and grow optimally. "Children have the immunity from the soldiers inside or white blood cells that are missing in formulated milk. Children grow healthy, strong, smart, funny, and creative. Their growth and development is good."

The promoter's success in giving empowerment was revealed as: "Counseling gave me a lot of information and knowledge about the benefits of breast milk for the best development of my child, and gave me the morale and inspiration to continually breastfeed my child happily and sincerely. By reading books about breast milk, I grew optimistic." The role of Health Promotion in increasing well-being and empowering was conveyed as: "I am very happy after receiving counseling about breastfeeding because from that moment I started to know and understand."

The statements from the respondents explained the well-being experienced by breastfeeding mothers. Well-being (or wellness), according to WHO Health Promotion Glossary (Smith, Tang, & Nutbeam, 2006) was defined as the optimal state of health of individuals and groups. There are two focuses of attention in achieving well-

being in the context of Health Promotion and health education, which are among others the full potential realization physically, psychologically, socially, spiritually, and economically. Compton (2005) stated that well-being consisted of the feeling of happiness, satisfaction in life, with minimal neurological symptoms. Well-being is mainly formed by the events or experiences and significant sources on the individuals' abilities in achieving their personal goals (Diener & Seligman, 2002). In the breastfeeding process, it was assumed that there is a production of opioids caused by the sucking on the nipples, promoting positive affection of being a mother. This increases the caring attitude towards the existence and safety of the child. This behavior was also assumed to be affected by hormones that were related to positive rewards (Huppert, Baylis, & Keverne, 2006).

The well-being of mother and child was shown through the feelings of pride, satisfaction, relief, longing, and love, which were expressed in songs, words, and delightful touches. Positive affection was expressed in positive actions. Isen (2000) stated that individuals with positive affection showed uncommon thinking patterns, being flexible, creative, integrative, open to information, and efficient. They show the increase of preference for variations, and were willing to accept wider options. Positive affection results in wider cognitive organization and the ability to integrate various life materials, which are all related with the increase of activity and dopamine in the brain. With positive feelings and thoughts, it is expected that positive physiological regulation will happen, among others the production of breast milk.

Family well-being is formed through mother and child happiness and health that illuminate the whole family. By making use of the divine source of breast milk, the economical cost of the family is reduced. The mothers' victory in her success in breastfeeding has a positive effect on her self and the interrelation dynamics in the family. The feeling of gratitude to God is the path to happiness (Huppert et al., 2006). Does this mean that the family happiness stops there? Of course not; because the happiness of small groups (families) form the well-being of larger groups such as the community and nation. The lactating mother who provided for her child was seen as making a major contribution to the overall well-being of her household and community (Nursing Times, 2010). The research by Wattimena et al. (2011) revealed that the process of breastfeeding bring about the process of learning, as well. There were five values (good character, closeness, togetherness, stimulation, and respect), four life skills (independence, adaptation, communication, and self-efficacy), and six characters (wise, brave, caring, confident, grateful, and happy) that were created through the process.

It can be assumed that if a mother breastfeed her child, then the mother provide a model of life values and life skills, expecting that the child will grow and develop into a child with the wanted characters (wise, brave, caring, confident, grateful, and always happy). By watching her child grow healthy and having character, then the mother will also be happy and proud psychologically.

Advices to Grow the Breastfeeding Awareness

Through the question "What advices would you give for the common progress in improving breastfeeding?" that was replied by the respondents, it could be concluded that the respondents suggested that there should be a socialization program, including a well-versed moderator in breastfeeding, who can focus in practical problems.

In the socialization, mothers suggested for support, understanding, and advices on breastfeeding in any kind of condition and situation. Mothers were also made aware that breastfeeding is a fun process that need patience and determination. The awareness that need to be socialized was changing the wrong myth regarding breast milk, and explaining the benefits of breast milk as the best food for children's growth, which was natural and divine in nature, and better to be given for at least two years. In order to ensure good breast milk quality, good nutrition and enough rest should be encouraged. The location of health promotion that was advised was locations that were easy to reach in villages, local clinics, and medical practices. The targets were woman in the reproduction age, especially those that were pregnant and nearing the time for giving birth, parents that "do not care about breastfeeding," husbands, other family members, and people with the wrong perceptions about breast milk. The advised intervention was by using literature, counseling, Internet, or "seminars or interactive counseling, where it is possible to watch and hear".

The proposed motivators were medical staffs, especially those who cares about breastfeeding. They were advocated to be "detailed in explaining the knowledge, and not be easy in suggesting formulated milk".

The problem in the field was the non-supportive action of the media, medical staff, and community towards breast feeding, they were more supportive of formulated milk. "The hospital where I gave birth did not respect my decision of giving breast milk. They easily give the baby formulated milk with the reasoning that the baby was hungry.". "There are parents that do not care about breast milk so they often suggest giving formulated milk so the baby could get fat faster.". This fact was similar to Priscilla's (2007) statement in her quest of finding the reason of why breast milk was often delayed in the children's first years.

A lot of the medical staffs were not knowledgeable and skilled concerning breastfeeding. They believed that formulated milk was better to be given in the first days after birth, as the production of breast milk was usually still insufficient. There was a kind of worry that waiting for breast milk would endanger the children's health. This perception was similar to mothers', families', and medical staffs' perception. This incorrect condition was also supported by the regulation in certain hospitals. In order to anticipate it, pro-breastfeeding programs from the government and proper intervention should be enhanced.

Health Promotion in the Nias Islands was conducted by health staffs that were trained to give counselling regarding nutrition and breast milk. Attention was put on the socio-cultural effects such as the effect of grandmother's role (from the father's side) in the nutrition of newborns (Inayati et al., 2012).

There is a significant relation between knowledge and support and the success of exclusive breastfeeding (Elinovia, Doveriyanti, Ulina, 2011). One of the supports came from the husband, as husband and wife are partners with a strong bond. "Woman must be able to convince her partner and give knowledge about breast milk, by reading books about breastfeeding together, until the husband understands about breast milk..., or take the husband to a counseling or consultation centre on breastfeeding.... If there is a discomfort about breastfeeding, it can be discussed openly between the two, or consulted to an expert so there would be a proper direction." as conveyed by a mother who succeeded in exclusively breastfeeding her two children.

Health Promotion was not just targeted to specific targets, but also to husbands. Febrihartanti, Septiari, & Destriatania's (2011) research actively spread the knowledge of breastfeeding to husbands by using the literature "Breast Milk: From Father for Mother and Baby." The authors assumed that the access fathers had to information regarding the correct practice of breastfeeding was still scarce, and books could be one of the potential information sources. After reading the book, fathers stated that the book was important and beneficial; that the problem of breastfeeding was a women's problem; and that fathers should have a role in supporting to be successful.

Aside from the fathers, the involvement of other members of the family is also important, such as the grandmothers role in Health Promotion was considered to be important in increasing the self-awareness of the importance of breastfeeding. Based on the Indonesian culture, most of the health problems are in the hands of women (Priscilla, 2007).

The Indonesian Government cares about the problem of breastfeeding because the target of 80% mothers to

exclusively breastfeed (target of WHO) is still far out of reach. The government regulation regarding the children's right to receive breastfeeding was reviewed by Helda (2009). The mortality of babies in Indonesia was on the sixth rank in ASEAN countries, around 35/1000 for every birth. One of the efforts to decrease the mortality rate was by giving mother's milk. Reasons why breastfeeding is still scarce, among others the wide spread of formulated milk, women as workforce, and socio-cultural reasons. Government regulation with two decisions by the Ministry of Health that controls the breastfeeding has not been able to intervene the low number of breastfeeding mothers. The involvement of health institutions that are under the jurisdiction of the government is recommended. A mother stated that, "I think health institutions are the first gateway that decides whether a mother will breastfeed successfully or not."

Fikawati and Syafiq (2010) focused on the government regulations. They reviewed the implementations and regulations of exclusive breastfeeding and the Early Breastfeeding Initiation in Indonesia (based on Keputusan Menteri Kesehatan No. 237/1997, PP No 69/1999, Kepmenkes No. 450/2004) descriptively based on existing evidence. Results showed that the implementation was still low in numbers, and the facilities for the Initiation were still insufficient and non-optimal. The regulation regarding exclusive breastfeeding was not yet complete and comprehensive, and the Initiation was not yet explicitly inserted as part of the regulation. The work frame analysis of the advocacy coalition confirmed the weak aspect of the external system and the subsystem policy in forming the exclusive breastfeeding regulation.

In March 1, 2012, the government set another Government Regulation (Peraturan Pemerintah Republik Indonesia Nomor 22 Tahun 2012) regarding the exclusive breastfeeding. This regulation was formed in order to ensure the fulfillment of the children's right for the best nutritional food or breast milk since birth until they are at least six months. Aside from that, this regulation also protected mothers in giving breastfeeding exclusively (Pusat Promosi Kesehatan KemKesRI, 2012).

Conclusion

Results of this study showed that the intervention of Health Promotion through counseling and literature had a positive effect on pregnant mothers and post-delivery mothers. Intervention caused benefits, knowledge, and motivation to act. The mothers' positive behavior to be responsible in breastfeeding as their children's right resulted in well-being of the mothers, children, and families. They believed in the divinity of breast milk even more

in being unrivaled in developing body and soul health for the children.

Intervention for empowering breastfeeding was hoped by the mothers to be conducted by medical staffs and the community, as well, that had not understood breastfeeding completely.

Suggestions

Further studies could be conducted from other perspectives, which increase the awareness and knowledge about breastfeeding, the role of husband intervention or the other family members towards mothers' motivation to breastfeed. Also how far intervention through counseling and literary material for mothers could lead breastfeeding for more than six months or until two years; the role of educational background on the mothers' will to breastfeed; and researches using interviews or discussion groups.

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