



THE IMPLEMENTATION OF BABY-FRIENDLY COMMUNITY INITIATIVE ON KENYA AND INDONESIA

Authors:

Reni Muhka¹, Titih Huriah^{2*}

¹Master of Nursing Student of Universitas Muhammadiyah Yogyakarta, Tamantirto Kasihan Bantul Yogyakarta, Indonesia.

^{2*} Department of Community Nursing, Master of Nursing, Universitas Muhammadiyah Yogyakarta, Tamantirto Kasihan Bantul Yogyakarta, Indonesia
Corresponding Email: *titih.huriah@umy.ac.id

About the Author

- 1st Author : Reni Muhka, S.Kep.,Ns
Affiliation : Master of Nursing Student of Universitas Muhammadiyah Yogyakarta
Mailing address : Jalan Brawijaya Tamantirto Kasihan Bantul Yogyakarta, Indonesia
Email of the author : rhenymuhka25@gmail.com
Orcid ID : <https://orcid.org/0000-0001-9950-7810>
Google Scholar URL : O3nuJDQAAAAJ
Phone number : +6282192681699
- 2nd Author : Dr. Titih Huriah, S.Kep.,Ns.,M.Kep., Sp.Kom
Affiliation : Community Nursing Department, Master of Nursing, Universitas Muhammadiyah Yogyakarta, Yogyakarta, Indonesia
Mailing address : Jalan Brawijaya Tamantirto Kasihan Bantul Yogyakarta
Email of author : titih.huriah@umy.ac.id
Orcid ID : <https://orcid.org/0000-0002-1750-0277>
Google Scholar URL : OK4o3zsAAAAJ
Phone number : +6281392405406

ABSTRACT

Baby Friendly Community Initiative (BFCI) is one of the programs to improve the quality of care for mothers and babies in the community. One of BFCI's flagship programs is exclusive breastfeeding. This Literature Review aims to determine the implementation of BFCI programs in developing countries. The Literature Review follows PRISMA's reporting method. The database uses Science Direct, PubMed, Scopus, EBSCO and Google Scholar. The keyword uses "Baby-Friendly Community Initiative". The inclusion criteria are articles for the last five years (2017-2022) in English, full text, and research in developing countries. The exclusion criteria are review, only abstracts and books. Critical appraisal uses JBI as a research journal quality evaluation tool. Systematic analysis is used for synthesis results. The results found that Kenya and Indonesia implemented BFCI. The result of implementing BFCI in Kenya are that society has the potential to increase the level of exclusive breastfeeding for babies and has a positive impact on the practice of complementary feeding, whereas in

Indonesia this is an increase in exclusive breastfeeding. The BFCI program can be implemented in Indonesia as a program to increase exclusive breastfeeding coverage with a community empowerment approach.

Keywords: baby friendly program, BFCI, developing countries

ABSTRAK

Baby Friendly Community Initiative (BFCI) adalah salah satu program dalam meningkatkan kualitas asuhan terhadap ibu dan bayi di komunitas. Salah satu program unggulan BFCI adalah pemberian ASI eksklusif. Literature Review ini bertujuan untuk mengetahui implementasi program BFCI di negara berkembang. Literature Review mengikuti metode pelaporan PRISMA. Basis data menggunakan Science Direct, PubMed, Scopus, EBSCO dan Google Scholar. Kata kunci menggunakan "Baby-Friendly Community Initiative". Kriteria inklusi adalah artikel 5 tahun terakhir (2017-2022), berbahasa Inggris, full text, penelitian di developing countries. Kriteria eksklusi adalah review, hanya abstrak dan buku. Penilaian kritis menggunakan JBI sebagai alat evaluasi kualitas jurnal penelitian. Analisis sistematis digunakan untuk hasil sintesis. Hasil penelitian menemukan bahwa hanya Negara Kenya yang mengimplementasikan BFCI. Hasil penerapan BFCI di Negara Kenya adalah masyarakat memiliki potensi untuk meningkatkan tingkat pemberian ASI eksklusif pada bayi dan memiliki dampak positif pada praktik pemberian makanan pendamping ASI. Program BFCI dapat diterapkan di Indonesia sebagai salahsatu program untuk meningkatkan cakupan ASI eksklusif dengan pendekatan pemberdayaan komunitas.

Kata Kunci: Program Baby Friendly, BFCI, Negara berkembang

INTRODUCTION

A developing country has a low average income, infrastructure is relatively developed, and the human development index is below the global normal. In the world, there are 50 countries classified in the category of developing countries; the average is on the Asian continent (Gani et al., 2018).

The Baby Friendly Community Initiative (BFCI) is a community-based effort to enhance Phase 10 of the Baby Friendly Hospital Initiative (BFHI), which centers on supporting breastfeeding mothers after they leave health facilities (Kavle et al., 2019). The Baby-Friendly Hospital Initiative (BFHI) is a global program that promotes the support and protection of breastfeeding. The WHO/UNICEF Friendly Hospital Initiative (BFHI) has been shown to increase breastfeeding (Kavle et al., 2019). However, there is still uncertainty about effective methods to improve breastfeeding in public health services (Bærug et al., 2016). Exclusive breastfeeding of newborns under six months has been found to bring a range of health benefits to babies and mothers, as well as wider economic and environmental benefits to society (Lisi, De Freitas, and Barros, 2021)

The Indonesian government and public health organizations have implemented training programs for health workers and medical professionals at the community level. The purpose of this training is to increase their understanding of the importance of exclusive breastfeeding and proper breastfeeding techniques. Health institutions in Indonesia have tried to create an environment that supports mothers to breastfeed. This includes providing comfortable breastfeeding spaces in public places and advising support for mothers with breastfeeding problems (Lestari, 2020). The BFCI program in Indonesia has implemented monitoring and evaluation to ensure that exclusive breastfeeding practices and healthy baby care are well followed at the community level. Baby and mother health data is measured regularly to measure progress (Lestiarini & Sulistyorini, 2020). Families usually choose fast food when the actual cooking takes longer, and this also happens to residents of Kotabaru district, so mothers of babies under six months old should be advised on how to prepare the right supplementary food. their child later (Hayati, 2020).

The primary strategy to sustain the Infant-Friendly Community Initiative program in Kenya relies on a well-coordinated multisectoral approach with various components: (a) capacity building of health care providers, communities, and other relevant stakeholders; (b) regular supportive supervision and assistance and (c) advocacy and monitoring and evaluation through good documentation by the Ministry of Health in collaboration with partners (Mwoma et al., 2020)

The Baby Friendly community initiative has been tested in various studies in developing countries. With this background in mind, the author resolved to conduct a systematic review of the implementation and benefits of the Baby Friendly Community Initiative in developing countries to make BFCI the only preferred breastfeeding program in Indonesia.

METHOD

The steps of a systematic review are to explore comparative questions, identify relevant articles, assess the quality of studies, and summarize and interpret the results. The research question of this review is how BFCI is implemented in Kenya and Indonesia.

Data Sources and Search Strategy

The researchers collected information from Science Direct, PubMed, Scopus, EBSCO and Google Scholar databases in December 2022. The keyword used in the study was: "baby friendly program, BFCI, developing countries". The inclusion criteria an article for 5 years (2017-2022), in English, full text and research in developing countries. Exclusion criteria are review articles, abstracts only and books.

Study selection and data extraction

The first step in selecting studies is to create a logical network with PICO to define keywords based on the inclusion criteria. P (Population): Baby, I (Investment): Baby Friendly Community Initiative, C (Comparison): Baby Friendly Hospital, O (Outcome): Evaluation of Baby Friendly Community Implementation in Developing Countries. Reference management "Mendeley" selects data by entering the corresponding database directory; detected duplicates are merged. In addition, valid papers are placed "potential" folder" if selected as title and abstract. Pages set "powerful" (RM) will read the folder independently to select each text placed in the folder ("include for review"). Reviewers (RM) independently extracted information from each accepted journal. Data extracted include study characteristics (year of publication, language and country), participant characteristics (participants and type of intervention), intervention program (training and duration) and study outcomes.

Synthesis Data

The data synthesized in the systematic review are the results of individual studies related to the review question (implementation of BFCI). The researcher explained the main results of the study by summarizing reviews. This showed that almost all reviews explained the heterogeneity by presenting different criteria for BFCI implementation.

Quality Assessment

Reviewers (RM) evaluate the quality of articles in journals they choose for review. Using JBI's critical appraisal tool, we determined the probability of bias in all selected articles.

RESULT AND DISCUSSION

Study Selection

Three hundred and thirty-three journals from five source databases obtained literature search results: Science Direct, PubMed, Scopus, EBSCO and Google Scholar. There are 11 duplicate articles, and eight pieces are selected based on title and abstract. Three hundred fifteen were excluded because they were unrelated to the topic ($n:268$) and the country to be studied (47). Seven full-text journals were selected based on the inclusion criteria. Six journals were selected for data extraction. Figure 1 shows the process of searching and reviewing literature.

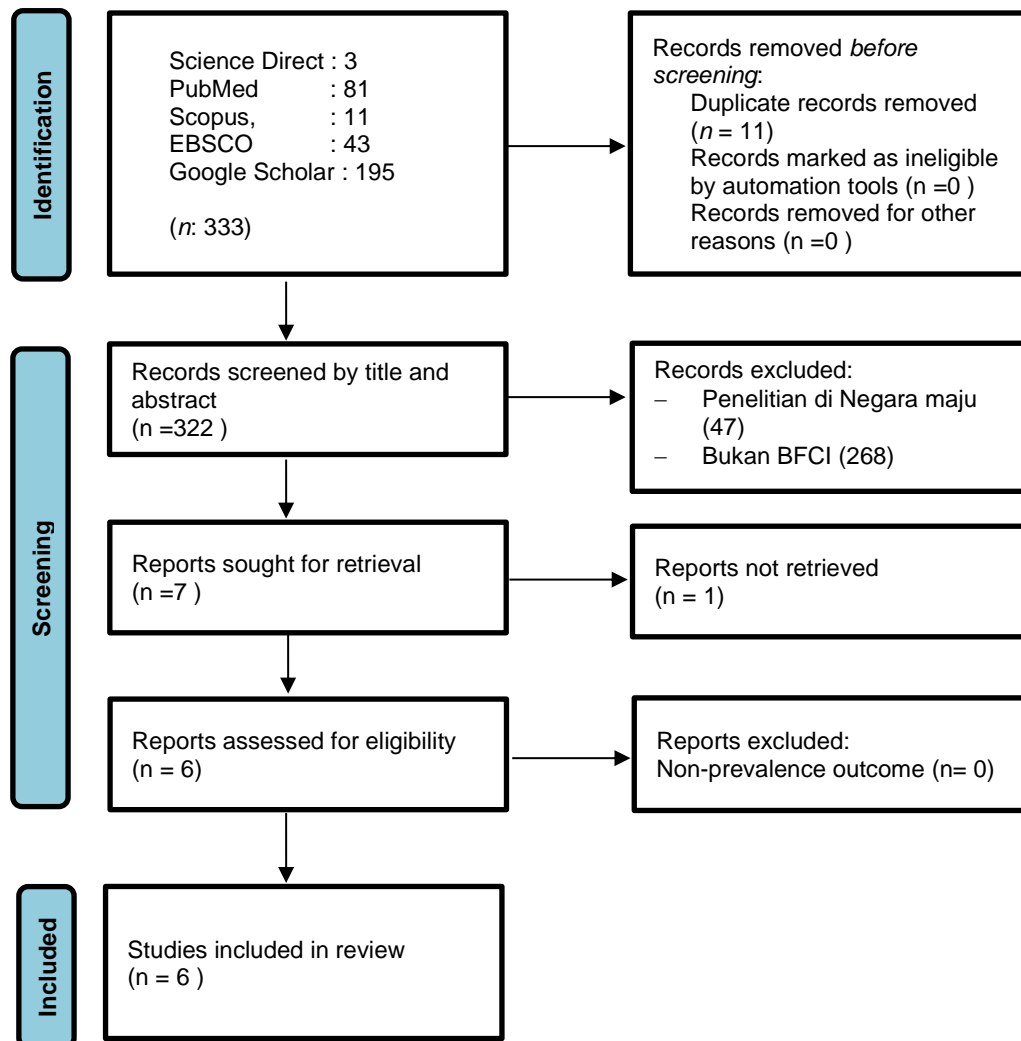


Figure 1: Flow chart based on PRISMA statement

Study Characteristics

Participants

Participants in the six journals were pregnant women aged 15–49 years, each child up to 6 months old, women of childbearing age (15–49), children under one year, mothers with children aged 6–23 months, mothers who work as mothers providing health services and have children aged 6–23 months as well as midwives and nurses. The six journals use the cluster

method in providing interventions because they cover a large area. Participants include rural and urban areas.

Types of Implementations

The six journals carried out various implementations, namely testing the Effectiveness of a Baby Friendly Community Initiative Program for Exclusive Breastfeeding, Promotion of Exclusive Breastfeeding Among HIV-Negative and Positive Mothers, Complementary Breastfeeding Practices and Ten Steps to Successful Breastfeeding, Complementary Feeding Practices for Infants 6-23 Months, and Support for Every Childhood, train public health volunteers about CCD, enabling them to convey CCD messages along with BFCI during counselling sessions.

Duration

The three journals were conducted for 20 months of research; one journal was carried out for two years, one journal was carried out for six months, and one journal was carried out for an hour to conduct discussions.

Result

Six journals showed varying results. Kimani-Murage et al. (2021) shows that implementation of BFCI in existing public health structures can increase exclusive breastfeeding in rural Kenya. Samburu et al. (2020) revealed that HIV-positive and -negative mothers need ongoing support for continuous and exclusive breastfeeding outside the facility level. Mwoma et al. (2020) the research showed that the BFCI intervention in Koibatek, Kenya, has successfully improved breastfeeding practices and research. Maingi et al. (2018) revealed that a more integrated training approach and providing updated and improved program support materials would further strengthen parent support. Sri Widiastuti, Waluyanti, & Wanda (2019) revealed that exclusive breastfeeding can decrease the number of sick children and enhance the efficiency of mothers with healthcare providers.

Mothers in healthcare providers play a role in promoting exclusive breastfeeding and become role models who support the implementation of the Baby Friendly Hospital initiative with "Ten Steps to Breastfeeding Success". Pramono, Smith, Bourke, & Desborough (2022) highlights the reliance on better local hospitals and the lack of budget priorities that hinder implementation and gaps in the health system that prevent mothers and families from successfully breastfeeding in maternity services in Indonesia.

Table 1. Study characteristics

Author		Participant Characteristics		Intervention		Results
Author, Year	Country	Participant	Types of Implementation	Training	Duration	
(Kimani-Murage et al., 2021)	Kenya	pregnant women aged 15–49 years and each child until six months old	Exploring the potential of a community-based program that promotes breastfeeding exclusively for infants	The intervention group included mothers who received standard maternal, infant, and child nutrition counseling as well as support from community health volunteers, trained teachers, health workers, and community and maternal support groups. In comparison, those in the control group were provided with only regular counseling. MIYCN offers materials that cover topics such as hygiene, breastfeeding, and complementary feeding practices. Click here to read more.	20 months	In this study, it was found that mothers who participated in the intervention were more inclined to breastfeed their babies for a greater number of months than those who did not participate. According to this study, the implementation of BFCI across existing public health structures can potentially raise the incidence of EBF in rural Kenya. This is supported by evidence
(Samburu et al., 2020)	Kenya	women of childbearing age (15–49) and children under one year old	Promote exclusive breastfeeding among HIV-negative and HIV-positive mothers	The intervention group was provided with at least 12 individual home sessions by public health volunteers who were trained in infant feeding from the first or second trimester of pregnancy to 6 months after birth. Additional steps taken include holding training sessions at mother and baby clinics, supporting group meetings for mothers, and influencer-friendly meetings every two months to promote the health of babies.	20 months	The results of this study indicate that HIV-positive and HIV-negative mothers require ongoing support outside the institutional setting for sustainable EBF. Although HIV-positive mothers received intensive counseling at the health center level, the study found that when they go to the community, they face the same challenges as mothers who do not go to health facilities, preventing them from exclusively breastfeeding even if they have relevant information.

(Maingi et al., 2018)	Kenya	mothers with children aged 6–23 months	Complementary feeding practices in children aged 6–23 months (Maingi et al., 2018)	The control group received routine health education at the facility and regular monthly home visits by untrained BFCI community health volunteers. Based on the WHO and Key Indicators of Infant and Child Nutrition, which include minimum feeding frequency (minimum), minimal diet, and acceptable food intake after 24 hours when eating was considered, complementary feeding practices were evaluated.	20 months	This research suggests that a community initiative that is baby-friendly has the potential to improve breastfeeding practices. Kenya has succeeded in improving complementary breastfeeding practices.
(Mwoma et al., 2020)	Kenya	Fathers, mothers, grandmothers, community health volunteers, ECCE teachers, ECCE service providers, community health counsellors, subdistrict leaders, district leaders, village elders and the head of the ECCE organization.	Supporting early childhood development. Volunteer training in public health about CCD allows them to relay CCD messages and BFCI during counselling sessions.	Experienced qualitative interviewers are recruited and trained prior to data collection. Interview guides are tested to ensure that items are appropriate and culturally relevant. All interviews and FGDs are conducted in the local language and spoken by field interviewers. Members of the research team interviewed government officials in English. All interviews and FGDs were audio recorded.	Two years	Knowledge, skills, and practices of public health volunteering in child developmental care work <ul style="list-style-type: none"> • After completing child developmental care training, educators reported learning about play and stimulation. • Social skills and public health are key components of the community health experience, as reported by volunteers who emphasize relationship building in counseling infants and caregivers • The knowledge, skills and practices of caregivers in parenting to promote child development.
(Sri Widiastuti et al., 2019)	Indonesia	Mothers working as healthy mothers	Exclusive breastfeeding practices and	In addition to providing breastfeeding education alone, mothers who are	Six months	The results showed an OR value of 3.22 for variable frequency of sick children and 2.99 for maternal productivity. The utilization of exclusive breastfeeding

	rs with children aged 6-23 months.	ten steps to successful breastfeeding	health care providers can provide education to the community based on their personal experience with breastfeeding exclusively.											can decrease the number of sick children and enhance the effectiveness of healthcare providers and mothers.
(Pramono et al., 2022)	Indonesia	Nurses and midwives	Apply ten steps to successful breastfeeding	Experience of Midwives and Nurses	1 hour									Findings highlight a reliance on overburdened local hospitals and a lack of budgetary priorities that impede implementation, as well as gaps in the health system that prevent mothers and families from building and maintaining successful breastfeeding in Indonesian maternity services

Quality Assessment

Table 2. Quality Assessment Results

Author	poin1	poin2	poin3	poin4	poin5	poin6	poin7	poin8	poin9	poin10	poin11	poin12	poin13	Result
(Elizabeth W et al., 2020)	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Included
(Samburu et al., 2020)	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Included
(Maingi et al., 2018)	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Included
(Mwoma et al., 2020)	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Included
(Sri Widiastutia et al, 2019)	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Included
(Pramono et al, 2022)	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Included

Several previous studies indicate that the author was not completely blind to the opinions of researchers, respondents and research assistants. This is particularly evident in the BFCI study mentioned above

Discussion

Implementing the Baby-Friendly Community Initiative in Indonesia requires collaboration between the government, health institutions, the community and the private sector. The goal is to improve maternal and child health, reduce child mortality, and improve the quality of life of children in Indonesia through exclusive breastfeeding and good child care (Lestari, 2020). The BFCI program in Indonesia has implemented monitoring and evaluation to ensure that exclusive breastfeeding practices and healthy baby care are well followed at the community level. Baby and mother health data is measured regularly to measure progress (Lestiarini & Sulistyorini, 2020).

The Ministry of Health in Kenya initiated the Baby Friendly Hospital Initiative, which was developed by WHO and UNICEF, in 1990 to address inadequate breastfeeding practices in maternity wards (Mwoma et al., 2020). Consequently, with the urgent need to share the benefits of the Baby Friendly Hospital program among local residents, Kenya is considering expanding the implementation of this rural baby friendly hospital initiative (Mwoma et al., 2020).

Breast milk is the ideal choice for feeding babies as it provides numerous nutrients essential for their growth and development. The importance of early breastfeeding is evident, particularly in infants aged 0-6 months. It is crucial (Editia et al., 2022). Breast milk is the most decisive factor in the growth and development of babies aged 0-6 months (Simbolon & Sitompul, 2022). Breast milk is the proper nourishment for babies, because breast milk is nourishment that's effortlessly processed by babies, separated from that, its complex dietary substance will be absorbed ideally to meet the baby's needs conjointly breastfeeding truly decides the baby's development and advancement well. Breastfeeding is the single most viable mediation for the baby's development, wellbeing, improvement and survival (Maesaroh et al., 2018). Exclusive breastfeeding (EBF) provides optimal nutritional needs for infants. To implement the practice of exclusive breastfeeding (EBF), It is recommended that women start breastfeeding within an hour of giving birth and exclusively breastfeed for the first six months (Wainaina et al., 2018). Increasing the rate of exclusive breastfeeding requires a model that will overcome the identified barriers to exclusive breastfeeding at the community level, which include deeply held opinions about infant feeding and poor motivation. Very importantly, the lack of belonging by the community is an explicit limitation for the continuation of EBF after discharge from the hospital (Ekanem & Fajola, 2016). Breastfeeding counselors play a role in helping mothers open up, correct misperceptions regarding breastfeeding, so Breastfeeding activities can run well (Fatmawati et al., 2021). The relatively high rates of exclusive breastfeeding reported in the study can be attributed in part to the significant presence of Nongovernmental Organizations (NGOs) in the regions implementing programs aimed at improving child survival (Mohamed, Ochola, and Owino 2018). Exclusive breastfeeding promotion can be carried out as early as possible from the moment the mother is declared pregnant, in this way more information can be given to the mother (Septikasari, 2018).

The complementary feeding period is a critical transition period in a baby's life and inappropriate complementary feeding practices with adverse health effects remain a major global public health problem (Arikpo et al., 2018). Complementary feeding means feeding solid, semi-solid and soft foods to children aged 6-23 months, and continuing breastfeeding until at least 24 months to meet the increased nutritional needs of growth and development (Kiarie 2021). The purpose of giving complementary foods is as a complement to nutrients in breast milk that are lacking compared to the increasing age of children. With the age of children increasing, nutritional needs of children are also growing, therefore additional nutrition is needed (Lestiarini & Sulistyorini, 2020). Feeding of babies and children must be done correctly and correctly, especially at the age

of 0-23 months. Nutritional mistakes made at such times can lead to problems of malnutrition and short stature of the toddler. Nutritional problems in infants and children are caused by breastfeeding and complementary foods that are not adequate in terms of quantity and quality (Arini et al., 2017). Kenya has made significant progress in exclusive breastfeeding, but progress in complementary feeding has been slow and the country has fallen behind. A recent Kenya Demographic and Health Survey of 2014 found that only 22% of Kenyan children aged 6–23 months met criteria for minimum dietary intake (Ahoya et al., 2019).

The implementation of the BFCI offers an exceptional opportunity to integrate early childhood education (ECCE) into existing messages on maternal and child health and nutrition. Understanding how to effectively implement such programs, this study determined whether child stimulation counseling could be integrated into the activities of BFCI Kenya (Kitsao-Wekulo et al. 2021). The role of parents in early childhood education means that they must provide support to educational health services to ensure that children acquire the necessary knowledge and skills. WHO/UNICEF presented an intervention package to enable ECCE "Care for Child Development" (CCD) (Bemanalizadeh et al., 2022).

Table 1 summarizes the selected learning outcomes. The evidence of reviews is mixed. Despite the moderate to high strength of the research design, various BFCI programs in developing countries include testing the effectiveness of a baby-friendly community initiative on exclusive breastfeeding, promoting exclusive breastfeeding among HIV-negative and positive mothers, complementary feeding for children aged 6-23 months, and supporting early childhood development, training public health volunteers in CCD so that they can run CCD messages during counseling sessions with BFCI. The findings found that the BFCI program that had been implemented stated that improved and succeeded.

Based on the database used by reviewers, most BFCI studies are only found in developing countries, especially in Kenya; similar studies have not been found, for example, in Indonesia, Malaysia and other developing countries. BFCI's research focuses more on Kenya in implementation. This can be an example for other countries to improve BFCI well.

The review results found that implementing BFCI in developing countries only exists in Kenya. The implementation in each article does not cover all eight objectives of BFCI. Two Articles (Kimani-Murage et al. 2021) only cover the purpose of exclusive breastfeeding one piece (Mwoma et al., 2020) only covers the aim of increasing the knowledge of cadres, families and caregivers. The results of implementing BFCI can increase exclusive breastfeeding production and increase complementary feeding and training to increase the understanding of cadres, families and caregivers.

Implications for Future Research

The BFCI program may be more effective if it is carried out by implementing various interventions contained in the BFCI program. Some aspects of the success of the BFCI program include exclusive breastfeeding and complementary foods. Future research should implement various BFCI programs and should clearly describe the extent of respondents' adherence during therapy programs. The study design had several methodological flaws, including lack of concealment allocation, rater blindness, and treatment intent analysis.

Review Limitations

This Literature Review review notes the limitations in the literature search. Lack of literature found from various databases.

CONCLUSION AND SUGGESTIONS

The literature Review shows that the six journals prove that implementing the BFCI program in Kenya and Indonesia can be declared victorious. BFCI programs that have been carried out in developing countries have shown that they can increase exclusive breastfeeding, complementary feeding, and improve knowledge and skills of child care and development for stakeholders. The recommendation for developing countries is to implement various BFCI programs to increase respect for mothers and babies.

REFERENCES

- Arikpo, D., Edet, E. S., Chibuzor, M. T., Odey, F., & Caldwell, D. M. (2018). Educational interventions for improving primary caregiver complementary feeding practices for children aged 24 months and under. *Cochrane Database of Systematic Reviews*, 5.
- Arini, F. A., Sofianita, N. I., & Bahrul Ilmi, I. M. (2017). Pengaruh Pelatihan Pemberian MP ASI Kepada Ibu dengan Anak Baduta Di Kecamatan Sukmajaya Kota Depok Terhadap Pengetahuan dan Perilaku Pemberian MP ASI. *Jurnal Kedokteran Dan Kesehatan*, 13(1), 80. <https://doi.org/10.24853/jkk.13.1.80-89>
- Bærug, A., Langsrud, Ø., Løland, B. F., Tufte, E., Tylleskär, T., & Fretheim, A. (2016). Effectiveness of Baby-friendly community health services on exclusive breastfeeding and maternal satisfaction: a pragmatic trial. *Maternal & Child Nutrition*, 12(3), 428–439.
- Bemanalizadeh, M., Badihian, N., Khoshhali, M., Badihian, S., Hosseini, N., Purpirali, M., Abadian, M., Yaghini, O., Daniali, S. S., & Kelishadi, R. (2022). Effect of parenting intervention through “Care for Child Development Guideline” on early child development and behaviors: a randomized controlled trial. *BMC Pediatrics*, 22(1), 690.
- Editia, Y. V., Widjanarko, B., & Margawati, A. (2022). Exclusive Breastfeeding Behavior Analysis Based on Health Belief Model: A Cross-Sectional Study. *Jurnal Aisyah : Jurnal Ilmu Kesehatan*, 7(S1), 165–172. <https://doi.org/10.30604/jika.v7is1.1115>
- Ekanem, E. E., & Fajola, A. O. (2016). Need for baby friendly community initiative to improve the low exclusive breastfeeding rates in Nigeria. *Nigerian Journal of Paediatrics*, 43(3), 229–230.
- Fatmawati, N. I., Rochmah, T. N., Wulandari, A., & Pramono, A. Y. (2021). Penerapan Program Sepuluh Langkah Kesehatan untuk Peningkatan Pemberian ASI Eksklusif: Model Evaluasi CIPP (Context, Input, Process, Product). *Jurnal Aisyah : Jurnal Ilmu Kesehatan*, 6(3), 501–508. <https://doi.org/10.30604/jika.v6i3.521>
- Gani, U. A., Salasi, R., Bambang, R. M., & Umam, K. (2018). Analisis Diskriminan untuk Mengelompokkan Negara Maju dan Negara Berkembang dengan Metode Fishers. *Jurnal Geuthèè: Penelitian Multidisiplin*, 1(1), 1–12.
- Hayati, F. (2020). Edukasi Tentang Pemberian Makanan Pendamping ASI. *Jurnal Abdimas Kesehatan (JAK)*, 2(1), 26–29.
- Kavle, J. A., Ahoya, B., Kiige, L., Mwando, R., Olwenyi, F., Straubinger, S., & Gathi, C. M. (2019). Baby-Friendly Community Initiative-From national guidelines to implementation: A multisectoral platform for improving infant and young child feeding practices and integrated health services. *Maternal & Child Nutrition*, 15 Suppl 1(Suppl 1), e12747. <https://doi.org/10.1111/mcn.12747>
- KIARIE, M. J. (2021). *COMPLEMENTARY FEEDING PRACTICES, MORBIDITY AND NUTRITION STATUS AMONG CHILDREN 6-23 MONTHS OLD IN BABADOGO INFORMAL SETTLEMENT, NAIROBI CITY COUNTY, KENYA*. KENYATTA

UNIVERSITY.

- Kimani-Murage, E. W., Kimiywe, J., Mutoro, A. N., Wilunda, C., Wekesah, F. M., Muriuki, P., Mwangi, B. M., Samburu, B. M., Madise, N. J., McGarvey, S. T., & Griffiths, P. L. (2021). Effectiveness of the baby-friendly community initiative on exclusive breastfeeding in Kenya. *Maternal and Child Nutrition*, *17*(3). <https://doi.org/10.1111/mcn.13142>
- Kimani-Murage, E. W., Kimiywe, J., Mutoro, A. N., Wilunda, C., Wekesah, F. M., Muriuki, P., Mwangi, B. M., Samburu, B. M., Madise, N. J., & McGarvey, S. T. (2021). Effectiveness of the baby-friendly community initiative on exclusive breastfeeding in Kenya. *Maternal & Child Nutrition*, *17*(3), e13142.
- Kitsao-Wekulo, P., Haycraft, E., Mwoma, T., Okelo, K., Kinuthia, E., Muriuki, P., Onyango, S., Kimiywe, J., Wanjohi, M., & Kimani-Murage, E. (2021). *Cultural and contextual considerations in designing programs to support the incorporation of early childhood development within ongoing national nutrition programmes: A focus on the Baby-Friendly Community Initiative (BFICI) in a rural African context.*
- Lestari, P. P. (2020). Review: Implementasi Baby Friendly Hospital Initiative (Inisiasi Rumah Sakit Sayang Ibu) Dan Keberhasilan Menyusui Eksklusif. *Jurnal Ilmiah Umum Dan Kesehatan Aisyiyah*, *5*(1), 1–8.
- Lestiarini, S., & Sulistyorini, Y. (2020). Perilaku Ibu pada Pemberian Makanan Pendamping ASI (MPASI) di Kelurahan Pegirian. *Jurnal Promkes*, *8*(1), 1.
- Lisi, C., De Freitas, C., & Barros, H. (2021). Maternal country of birth and exclusive breastfeeding during the first in-hospital day in Portugal: the influence of the baby-friendly hospital initiative. *Journal of Human Lactation*, *37*(1), 147–157.
- Maesaroh, S., Kristianingsih, A., & Anggraini, H. (2018). Gambaran Determinan Pemberian ASI Eksklusif pada Ibu dengan Bayi Usia 6â€“24 Bulan. *Jurnal Aisyah : Jurnal Ilmu Kesehatan*, *3*(1), 9–16. <https://doi.org/10.30604/jika.v3i1.68>
- Maingi, M., Kimiywe, J., & Iron-Segev, S. (2018). Effectiveness of Baby Friendly Community Initiative (BFICI) on complementary feeding in Koibatek, Kenya: a randomized control study. *BMC Public Health*, *18*(1), 1–11.
- Mohamed, M. J., Ochola, S., & Owino, V. O. (2018). Comparison of knowledge, attitudes and practices on exclusive breastfeeding between primiparous and multiparous mothers attending Wajir District hospital, Wajir County, Kenya: a cross-sectional analytical study. *International Breastfeeding Journal*, *13*, 1–10.
- Mwoma, T., Kitsao-Wekulo, P., Haycraft, E., Kimani-Murage, E., Wanjohi, M., Kimiywe, J., Kinuthia, E., Muriuki, P., Pearson, N., & Okelo, K. (2020). Experiences of incorporating support for early childhood development into the Baby Friendly Community Initiative in rural Kenya. *Journal of the British Academy*, *8*(s2), 103–132.
- Pramono, A., Smith, J., Bourke, S., & Desborough, J. (2022). How midwives and nurses experience implementing ten steps to successful breastfeeding: a qualitative case study in an Indonesian maternity care facility. *International Breastfeeding Journal*, *17*(1), 1–12. <https://doi.org/10.1186/s13006-022-00524-2>
- Samburu, B. M., Young, S. L., Wekesah, F. M., Wanjohi, M. N., Kimiywe, J., Muriuki, P., Griffiths, P. L., McGarvey, S. T., Madise, N. J., & Kimani-Murage, E. W. (2020). Effectiveness of the baby-friendly community initiative in promoting exclusive breastfeeding among HIV negative and positive mothers: a randomized controlled trial in Koibatek Sub-County, Baringo, Kenya. *International Breastfeeding Journal*, *15*(1), 1–13.
- Septikasari, M. (2018). Peran Bidan dalam ASI Eksklusif di Kabupaten Cilacap. *Jurnal Aisyah : Jurnal Ilmu Kesehatan*, *3*(2), 109–114. <https://doi.org/10.30604/jika.v3i2.93>
- Simbolon, J. L., & Sitompul, E. S. (2022). The Influence of Anemia History in Pregnant Mothers Towards the Growth and Development of Infants. *Jurnal Aisyah : Jurnal Ilmu*

- Kesehatan*, 7(S1), 335–342. <https://doi.org/10.30604/jika.v7is1.1302>
- Sri Widiastuti, I. A. K., Waluyanti, F. T., & Wanda, D. (2019). The Practice of Exclusive Breastfeeding Can Reduce Frequency of Sick Children and Improve the Productivity of Health-Care Provider Mothers: Study in Samarinda, Indonesia. *Comprehensive Child and Adolescent Nursing*, 42(sup1), 300–312. <https://doi.org/10.1080/24694193.2019.1594463>
- Wainaina, C. W., Wanjohi, M., Wekesah, F., Woolhead, G., & Kimani-Murage, E. (2018). Exploring the experiences of middle income mothers in practicing exclusive breastfeeding in Nairobi, Kenya. *Maternal and Child Health Journal*, 22, 608–616.