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Exploring the Roles of Mothers, Fathers, Religious Leader, and Health Workers in Exclusive Breastfeeding in Palopo City, Indonesia: A Qualitative Study

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Abstract

Background: The rate of exclusive breastfeeding remains low due to multiple barriers. This study aimed to explore the perspectives of mothers, fathers, religious leaders, and health workers regarding obstacles to exclusive breastfeeding, with particular attention to the role of husbands and religious principles in breastfeeding practices.

Methods: This qualitative content analysis was conducted from June to August 2024 using MAXQDA software version 24 following the analytical framework proposed by Graneheim and Lundman. A total of 14 participants were included: three coordinating midwives, one religious leader, five mothers who did not exclusively breastfeed, and five husbands of mothers who did not exclusively breastfeed. Data were collected through semi-structured, face-to-face interviews based on an interview guide. Participants were recruited using purposive sampling.

Results: The study examined the perspectives of mothers, fathers, religious leaders, and health workers in aregion with one of the lowest exclusive breastfeeding rates. Five major themes emerged: (1) lack of knowledge about the importance of exclusive breastfeeding and religious recommendations; (2) inadequate social support from husbands; (3) inappropriate attitudes toward breastfeeding; (4) the need for suitable educational content; and (5) the significance of religious modalities related to breastfeeding.

Conclusion: Integrating Qur'anic teachings on breastfeeding and involving husbands in health education are key strategies for enchancing exclusive breastfeeding practices. Providing fathers with relevant knowledge and promoting their active participation can foster a supportive environment and improve breastfeeding outcomes. Hence, healthcare systems should acknowledge and strengthen the role of fathers in breastfeeding support so that both parents can jointly address breastfeeding challenges in accordance with religious values.

Keywords: Breastfeeding, Fathers, Health education, Religious leader, Social support

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Introduction

Exclusive breastfeeding (EBF) plays a crucial role in promoting infant health and development, as extensively documented in global health research (1). The World Health Organization (WHO) recommends exclusive breastfeeding during the first six months of life because of its proven benefits in reducing infant morbidity and mortality, supporting optimal growth, and strengthening the mother child bond (2). Nevertheless, despite these well-established recommendations, many regions, including South Sulawesi, Indonesia, continue to report low rates of exclusive breastfeeding. Recent statistics indicate that nearly half of Indonesian infants under six months of age are not exclusively breastfed (3,4). This situation underscores the need for an in-depth exploration of the barriers to exclusive breastfeeding, particularly in areas

with the lowest breastfeeding rates, where cultural, social, and familial factors play a critical role in shaping mothers' breastfeeding practices (5).

Globally, the prevalence of EB among infants under six months of age was 48% in 2021, while the rate of early initiation of breastfeeding within the first two days after birth reached 67% (6). The World Health Assembly (WHA) has set a global target of achieving at least 50% coverage of exclusive breastfeeding by 2025 (7).

In Indonesia, the national target for exclusive breastfeeding coverage is a minimum of 80%. Although there has been a gradual increase in the national rate of exclusive breastfeeding over the past three years, it remains below the established target. The prevalence of exclusive breastfeeding was approximately 71.58% in 2021, 72.04% in 2022, and 73.97% in 2023 (8). In South Sulawesi Province, the corresponding rates were 87.8% in 2020, 70.5% in 2021, and 75.8% in 2022 (9). According to the 2020 profile of the South Sulawesi Provincial Health Office, the three districts/cities with the lowest exclusive breastfeeding rates were Palopo City (31%), Takalar District (39.92%), and Barru District (58.52%) (10).

Palopo City, located in South Sulawesi Province, has recorded one of the lowest exclusive breastfeeding rates in the region. Within Palopo City, Mungkajang Sub-district, under the jurisdiction of the Mungkajang Community Health Centre, represents one of the areas with the poorest exclusive breastfeeding performance. In 2023, the coverage of exclusive breastfeeding in the Mungkajang Health Centre's catchment area was notably low, at only 22.68%. Preliminary findings from the initial study indicated that 85.7% of mothers supported the involvement of their husbands in breastfeeding education.

Recent studies have emphasized the critical role of family and community support in promoting exclusive breastfeeding. In particular, the involvement of husbands and religious leaders is instrumental in shaping mothers' attitudes toward breastfeeding (11). Several studies have demonstrated that husbands who actively support their partners from pregnancy through the postpartum period can enhance maternal confidence and commitment to breastfeeding (12). Moreover, religious beliefs frequently influence health-related behaviors. In Muslim-majority regions such as South Sulawesi, religious leaders play a significant role in shaping community norms and practices related to breastfeeding (13,14). The interplay of these factors highlights the importance of designing interventions that engage both husbands and religious leaders to foster an environment supportive of exclusive breastfeeding (11).

The central focus of this study was the identification of barriers to exclusive breastfeeding in South Sulawesi, with particular attention to the roles of husbands and religious leaders. Understanding these barriers is essential for developing effective strategies to enhance exclusive breastfeeding rates in the region (11,15). One potential approach involves implementing awareness and educational programs that highlight the importance of exclusive breastfeeding while actively engaging husbands and religious leaders as key supporters (16). Such initiatives can empower mothers, strengthen breastfeeding self-efficacy, and ultimately contribute to increased rates of exclusive breastfeeding (17).

The literature identifies specific strategies to support exclusive breastfeeding, including the implementation of community-based programs that actively involve husbands in the breastfeeding process (15). Research has demonstrated that educational interventions targeting fathers can significantly enhance their understanding of the benefits of breastfeeding and their supportive role for their partners (18,19). Furthermore, incorporating religious leader that encourage breastfeeding can reinforce positive attitudes toward exclusive breastfeeding within the community (20,21). These approaches not only address the informational needs of families but also leverage existing social structures to promote healthier infant feeding practices (22).

Previous studies have examined barriers to exclusive breastfeeding, but primarily in a generalized or quantitative manner using statistical surveys. In contrast, this study qualitatively explores the perspectives of key stakeholders, including mothers, husbands, religious leaders, and health workers, in areas with the lowest exclusive breastfeeding rates. The aim is to gain a deeper understanding of barriers based on subjective experiences rather than solely on statistical data. While existing research has identified common factors such as lack of family support, formula promotion, and misinformation, this study seeks to analyze more nuanced and contextual factors, including local social norms, cultural beliefs, access to health services, and area-specific economic pressures. The findings are intended to provide qualitative, evidence-based recommendations for policies and interventions tailored to regions with low exclusive breastfeeding rates.

The present study aims to explore the perspectives of mothers, fathers, religious leaders, and health workers regarding barriers to exclusive breastfeeding, with particular emphasis on the role of husbands and religious practices. This study is novel in its approach, as it seeks to examine the interplay between family support and religion in shaping breastfeeding behaviors within a specific regional context. The study seeks to identify the key factors that either facilitate or hinder exclusive breastfeeding, providing a basis for the development of targeted interventions to improve breastfeeding outcomes, particularly in Palopo City, South Sulawesi. Such interventions are expected to contribute to improved health outcomes for both mothers and children.

Methods

Study Design

This study was a descriptive qualitative investigation employing thematic analysis to explore barriers to exclusive breastfeeding. The study was conducted in South Sulawesi Province, Indonesia, with Palopo City selected as the region exhibiting the lowest rates of exclusive breastfeeding. A phenomenological approach was adopted to gain an in-depth understanding of participants' experiences and perspectives. Following a site survey of 12 sub-districts, Mungkajang Sub-district was chosen as the study site due to its notably low exclusive breastfeeding rate of approximately 22.68%. Interviews were conducted by the principal investigator, who possessed a background in nursing and public health education, had undergone training in qualitative research methodology, and had prior experience in conducting in-depth interviews in similar studies.

Data processing and analysis were performed using MAXQDA software version 24. Data analysis was conducted concurrently with data collection, following the Graneheim and Lundman approach through four stages (23). In the first stage, interview transcripts were read repeatedly to gain an overall understanding of the content and to capture the general meaning through content investigation. In the second stage, the text of each transcript was divided into meaningful units, characterized as words, sentences, or paragraphs that conveyed distinct yet related ideas. In the thirdn stage, these meaningful units were condensed and assigned codes. In the fourth stage, codes were compared based on similarities and differences, and similar codes were grouped into initial categories. In subsequent analyses, these initial categories were further refined into subcategories, and the final categories emerged through the integration of related subcategories.

Lincoln and Guba's criteria were applied to ensure the trustworthiness of the study, including credibility, dependability, confirmability, and transferability (24). To enhance credibility, prolonged engagement with the data and continuous comparisons were conducted. During the analysis stage, the findings were reviewed by experts and the research team, and subsequently audited by qualitative research specialists external to the team, which informed the subsequent analytical decisions (dependability). Moreover, several quotations, codes, subcategories, and categories were reviewed and discussed by the research team to ensure confirmability. Transferability was addressed by employing purposive sampling to capture a diverse range of demographic characteristics among participants.

This study received ethical approval from the Ethics Committee of the Faculty of Public Health, Hasanuddin University (approval number 1473/UN4.14.1/TP.01.02/2024). Participants were provided with a detailed explanation of the study's objectives and procedures, after which they signed informed consent forms to confirm their voluntary participation. Participants retained the right to refuse or withdraw from the study at any time, and all information provided was treated confidentially. Signed informed consent was obtained before conducting the interviews.

Participant recruitment

A total of 14 participants were included in the study, comprising health workers (including three coordinating midwives), one religious leader, five mothers who did not practice exclusive breastfeeding, and five husbands of mothers who did not exclusively breastfeed. Interviews were conducted from June 28 to August 20, 2024, with each session lasting 40–60 minute.

The inclusion criteria for religious leaders required that they be clerics in the study area and possess knowledge of breastfeeding recommendations in the Qur'an and Hadith. Health worker participants were required to be midwives with more than five years of experience at the Mungkajang Health Centre and actively involved in promoting exclusive breastfeeding. Mothers and husbands were included if they had a history of not exclusively breastfeeding their infants and were residents of the study area. All participants were Muslim. Informants were excluded from the study if work or time constraints prevented participation in the interviews.

Informants were selected using purposive sampling, and none had a prior relationship with the researcher. Before participation, the researcher provided a brief explanation of the study objectives, and participants signed a consent form indicating their willingness to take part. The interview locations were arranged in agreement with the participants and included the health centre, mosque, or participants' homes. Interviews conducted at health centres took place after service hours to allow in-depth discussions with health workers without disrupting healthcare activities. Home-based interviews provided a relaxed environment, facilitating more detailed and open responses. Interviews at the mosque were conducted when no religious activities were scheduled, ensuring that the sessions did not interfere with participants' religious practices and allowed for thorough discussions.

Data collection

The first author conducted semi-structured, face-to-face interviews using an interview guide developed specifically for this study, which was reviewed by an expert before data collection. Each interview lasted approximately one hour, was conducted in the Indonesian language, and was both audio and visually recorded. Participants were invited to share their perspectives on barriers to exclusive breastfeeding and respond to open-ended questions. The interview guide included questions such as: "What are the

problems or barriers contributing to the very low exclusive breastfeeding rates in this area?", "Is there a connection with the lack of husband or family support?", "What is your view on involving husbands in breastfeeding education?", "How can husband participation in breastfeeding education be increased?", "Have you heard about breastfeeding in the Qur'an and Hadith?", and "In your view, how do the Qur'an and Hadith regulate breastfeeding and husband support for breastfeeding mothers?". These questions were used to elicit detailed and comprehensive information. All interviews were recorded using a voice recorder and transcribed verbatim. Sampling continued until data saturation was achieved, with no new information emerging.

Thematic analysis was conducted with an emphasis on flexibility, allowing for the use of various analytical techniques (25). The analysis process comprised six stages:

1. Familiarization with the data: The researcher listened to and transcribed the recorded interviews, read the transcripts repeatedly, and noted initial topics emerging from the data.
2. Initial coding: Meaningful segments of text were systematically extracted and coded to generate initial codes.
3. Identification of themes: The generated codes were organized to identify 14 subthemes and five main themes that could serve as potential research findings.
4. Theme review: Extracted codes were re-examined to ensure their relevance to the data, and thematic maps were created to clarify relationships between themes.
5. Theme definition and naming: Each theme was clearly defined, ensuring that its content and meaning were accurately represented.
6. Writing the paper: The most illustrative cases were selected for inclusion in the manuscript, maintaining consistency and logical flow in the presentation of findings.

Following transcription, the summarized interview data were returned to participants for verification through member checking to ensure the accuracy and credibility of the data.

Results

The characteristics of the study participants are presented in Table 1. Participants' ages ranged from 21 to 43 years. A total of 14 individuals participated in the study, including one religious leader, three health workers, five mothers, and five husbands. All participants were residents of Mungkajang Subdistrict and were Muslim. Data analysis identified 14 subcategories and five main themes reflecting the factors that hinder exclusive breastfeeding in areas with the lowest prevalence of the practice. The subcategories, "lack of knowledge," "husband's social support," "attitudes toward breastfeeding," "appropriate educational content," and "religious modalities of breastfeeding" were synthesized into the overarching main theme: barriers to exclusive breastfeeding practices (Table 2).

Theme 1: Lack of knowledge about the importance of exclusive breastfeeding and religious recommendations

Interviews with key informants revealed that most mothers did not practice exclusive breastfeeding due to insufficient knowledge regarding the benefits of breast milk for both mothers and infants. Besides, husbands often lacked a full understanding of the crucial role of breast milk in child development. A key finding was that neither mothers nor husbands possessed a comprehensive understanding of how the Qur'an and Hadith advocate

Table 1. Characteristics of the participants (N = 14)

Participant Number	Age (Year)	Gender	Education	Role
P1	45	Male	Bachelor of Religious Education	Religious figure
P2	43	Female	Diploma IV Midwifery	Health worker
P3	42	Female	Diploma IV Midwifery	Health worker
P4	40	Female	Bachelor of Nursing	Health worker
P5	21	Female	High School	Mother (not exclusively breastfeeding)
P6	43	Female	Bachelor of Indonesian Language Education	Mother (not exclusively breastfeeding)
P7	35	Female	Bachelor of Economics	Mother (not exclusively breastfeeding)
P8	37	Female	Senior High School	Mother (not exclusively breastfeeding)
P9	36	Female	Sekolah Menengah Atas	Mother (not exclusively breastfeeding)
P10	28	Male	Senior High School	Husband/father
P11	44	Male	Bachelor of Economics	Husband/father
P12	37	Male	Bachelor of Religious Education	Husband/father
P13	38	Male	Senior High School	Husband/father
P14	37	Male	Bachelor of Economics	Husband/father

*P: Participants

Table 2. Subcategories and Categories

Subcategories	Category (Theme)
Limited maternal knowledge about the importance of breastfeeding	Lack of knowledge about the importance of exclusive breastfeeding and religious recommendations
Limited paternal knowledge about the importance of breastfeeding	
Limited understanding of breastfeeding benefits	
Lack of awareness of Qur'anic and Hadith guidance on breastfeeding	
Inadequate or incorrect support from husbands	Inadequate social support from husbands
Lack of emotional support from husbands	
Limited practical support from husbands	
Inadequate assessment or guidance for breastfeeding mothers	
Negative attitudes toward breastfeeding	Inappropriate attitudes toward breastfeeding
Lack of education on breastfeeding solutions	The need for suitable educational content
Inability to address breastfeeding challenges	
Information mothers expect from their husbands	
Strategies for involving husbands in education	
Use of suitable educational media	
Integration of religious content in education	The significance of religious modalities related to breastfeeding

and regulate breastfeeding practices. One participant stated: "*Many mothers complain that they have little milk, some do not breastfeed because they have undergone a caesarean section, and some work, so they end up giving formula milk. If they understood the Qur'an to any extent, they could breastfeed according to its guidance for up to two years*" (Participant 4).

Some mothers admitted that they were unaware that the Qur'an recommends breastfeeding. One mother stated, *"I don't know, is it like that? I rarely recite the Qur'an* (laughing)" (Participant 9). Similarly, one husband expressed his lack of knowledge regarding breastfeeding recommendations in the Qur'an, saying, *"I have never heard an ustadz lecture about the recommendation of breastfeeding in the Qur'an, so I don't know what the recommendation actually is"* (Participant 13).

Theme 2: Inadequate social support from husbands

Interviews with key informants indicated that husbands' support for breastfeeding mothers is often insufficient. The social support provided by husbands is frequently misunderstood, as many working husbands perceive that they lack the time to actively support their wives in breastfeeding. In reality, support does not necessarily require a large time commitment and can still be provided even during work hours. One mother explained, *"My husband doesn't care whether I breastfeed or not. Every month, my husband only sends money to buy formula milk for my child"* (Participant 9).

Mothers also received physical assistance from their husbands with household chores. However, due to limited knowledge, husbands were unable to provide specific breastfeeding support, such as breast or oxytocin massages when milk production was low. One husband stated, *"I help my wife clean the house and look after the children if I am not working. Usually, I tell my wife to eat lots of vegetables so that she can breastfeed well. However, I never perform breast or back massages because I lack the necessary skills; instead, I solely focus on massaging her arms and legs"* (Participant 13).

Theme 3: Inappropriate attitudes towards breastfeeding

Key informants reported attitudes indicating that, under certain circumstances, such as after a cesarean section, insufficient breastmilk, or busy work schedules, babies should be given formula milk. One mother explained, *"Initially, I breastfed my baby, but due to my lack of milk production, I supplemented with formula milk, as I also had a cesarean section. On the first day, I still breastfed even though I had very little milk. However, on the second day, my baby continued to cry, prompting me to give formula milk to soothe his fussiness. I also felt awful hearing my baby crying constantly*" (Participant 7).

Theme 4: The need for suitable educational content

All informants agreed that breastfeeding education should actively involve husbands. They emphasized that breastfeeding mothers benefit from their husbands' support, and ideally, husbands should accompany their wives from pregnancy onward. However, due to busy schedules, husbands are not always present to provide such support. One key informant suggested strategies to engage husbands: *"Husbands should accompany their wives. Typically, it is easier to involve husbands with higher education in attending sessions. Some husbands understand that breastfeeding eliminates the cost of formula milk. To involve husbands in education, visit their homes individually so they can participate. If the husbands prefer group sessions, the appropriate location is Posyandu Cempaka because many people gather there, making it*

easier to reach them individually" (Participant 3).

Several participants also agreed that home visits and group sessions after Friday prayers would be effective for engaging husbands. One participant stated, *"Just call him to his house; the education should be conducted after Friday prayers because all the men gather at the mosque at that time*" (Participant 11).

Theme 5: The significance of religious modalities related to breastfeeding

The Qur'an explicitly emphasizes support for breastfeeding mothers, particularly from husbands, who are required to provide support even after divorce. One key informant stated, *"The Qur'an recommends that husband and wife discuss breastfeeding. We entrust our children to their care. Even after a divorce, the husband still has a duty to support the breastfeeding mother. According to scholars, breastfeeding can be done by other people (breastfeeding mothers), which means that if others are encouraged to provide support, especially their own biological mothers, it is beneficial. Therefore, the husband's role, including that of the father, remains crucial. Formula milk cannot replace breast milk*" (Participant 1).

In addition to Surah Al-Baqarah, other verses convey the husband's responsibility to provide support even after divorce, and government regulations also reinforce breastfeeding practices. The same informant noted: *"Surah At-Talaq (Divorce), verse 6, states that the husband must provide maintenance even after divorce; the husband is still obliged to provide support, especially for breastfeeding mothers. Besides, Article 128 of Law 36 of 2009 and the 2012 Law encourage mothers to breastfeed*" (Participant 1).

A health worker highlighted a minor factor affecting breastfeeding: early marriage. She explained, *"There are many early marriages in the Mungkajang area, so the reason why the mother does not breastfeed is because the baby is left behind when she goes to school, and the grandmother who looks after the baby gives formula milk* (Participant 2).

Following the initial analysis, some participants were invited to review and provide feedback on the main themes as part of the validation process to ensure the credibility of the findings.

Discussion

This qualitative study aimed to identify normative breastfeeding needs in areas with the lowest exclusive breastfeeding rates, drawing on the perspectives of parents who did not practice exclusive breastfeeding, religious leaders, and health workers. One key need identified was the active involvement of husbands in breastfeeding education, which is essential and supported by Qur'anic guidance. There is growing recognition that the husband's role in supporting breastfeeding constitutes a significant factor influencing both breastfeeding practices and outcomes.

The importance of adhering to Qur'anic recommendations for breastfeeding, particularly through the involvement of husbands in health education, is increasingly recognized. The Qur'an emphasizes that mothers should breastfeed their children for two full years for those who wish to complete the breastfeeding period. This directive not only underscores the physical act of breastfeeding but also highlights the necessity of a supportive environment, including active husband involvement, to ensure successful breastfeeding practices. When husbands participate actively, they can alleviate the emotional burden often experienced by breastfeeding mothers, thereby enhancing maternal confidence and commitment to exclusive breastfeeding.

Research indicates that husbands play a crucial role in supporting their wives during the breastfeeding period. A study conducted in Yogyakarta, Indonesia, found that mothers who received verbal encouragement and active involvement from their husbands reported higher confidence in their ability to breastfeed (11). This finding aligns with the Qur'anic perspective, which emphasizes the role of the family in nurturing and supporting mothers during this critical period (26). Moreover, the present study suggests that health practitioners should actively engage husbands as learners and supportive partners in breastfeeding education, thereby reinforcing the Qur'anic teaching of shared responsibility in child-rearing (26).

Husbands' education level and knowledge about breastfeeding significantly influence both its duration and exclusivity. Studies have shown that fathers who possess good knowledge of breastfeeding are more likely to effectively support their wives, resulting in longer breastfeeding periods (15,27). These findings underscore the importance of father-focused educational interventions, consistent with Qur'anic teachings that encourage knowledge and understanding within the family context. For instance, a study in Ethiopia demonstrated that mothers' knowledge of optimal breastfeeding practices was significantly associated with their husbands' education level, highlighting fathers' education as a key factor in promoting breastfeeding (28).

In addition to knowledge, the emotional and practical support provided by husbands is critical for successful breastfeeding. One study found that mothers who received support from their husbands were ten times more likely to report confidence in breastfeeding compared to those who did not receive such support (15). Emotional support is particularly important, as it can reduce the stress and anxiety often experienced by new mothers, thereby facilitating a more positive breastfeeding experience (29). The Qur'anic emphasis on affection and support within the family can serve as a guiding principle for husbands to actively participate in the breastfeeding process (29).

Practical support from husbands is also essential (30,31), particularly in families where mothers may feel overwhelmed by the demands of new motherhood (32). Research indicates that fathers' involvement in household chores and childcare positively influences the breastfeeding experience, as it enables mothers to devote more time and energy to breastfeeding (26). By assuming household responsibilities, fathers allow mothers to focus on breastfeeding without the added burden of managing other tasks (33,34).

Fathers' involvement in breastfeeding education and support promotes a more collaborative approach to parenting, benefiting both mother and child (15). One study found that fathers who participated in a breastfeeding education program reported greater competence and confidence in their role, which translated into more effective support for their partners (35). Such a collaborative approach is essential for creating a parenting environment conducive to breastfeeding. Research indicates that educating fathers about breastfeeding increases their likelihood of advocating for it and providing meaningful assistance to their partners (15,34). This approach aligns with Qur'anic guidance, which emphasizes mutual support and understanding within the family, fostering an environment in which breastfeeding can thrive.

Despite the clear benefits of husband support in breastfeeding, several challenges remain. Studies have noted that fathers often feel excluded from the breastfeeding process, which may limit their ability to provide effective support (36,37). This underscores the need for healthcare providers to actively engage fathers in breastfeeding discussions and interventions, ensuring that they are informed, prepared, and empowered to support their partners effectively (38,39).

Conclusion

The integration of Qur'anic teachings on breastfeeding with contemporary research highlights the critical importance of involving husbands in health education. By equipping fathers with knowledge and encouraging their active participation, families can establish a supportive environment that enhances breastfeeding practices. This approach not only aligns with religious guidance but also addresses the practical needs of mothers, ultimately promoting the health and well-being of both mother and child.

The importance of husband support in breastfeeding cannot be overstated. Emotional, practical, and educational support from fathers significantly enhances optimal breastfeeding practices. By fostering a collaborative approach to parenting, husbands help create an environment that encourages and sustains breastfeeding. Therefore, the healthcare system needs to recognize and promote the role of fathers in breastfeeding support, ensuring that both parents are actively engaged in meeting the challenges of breastfeeding together, guided by religious leader.

This study has limitations related to the relatively small number of participants from the religious leader group. Although the data indicated signs of saturation, the limited sample may restrict the diversity of perspectives from this group. Given the central role of religious leaders in shaping community attitudes toward breastfeeding, a broader representation could provide a richer understanding of how religious values influence mothers' decisions. Therefore, further research involving a larger and more diverse group of religious leaders is recommended to come up with a more comprehensive understanding of these dynamics.

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Authors' Contribution

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Competing Interests

There is no conflict of interest in this research project.

Ethical Approval

This study obtained ethical approval from the Ethics Committee of the Faculty of Public Health, Hasanuddin University, with number 1473/UN4.14.1/TP.01.02/2024.

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