



Determinants of Exclusive Breastfeeding in Babies 0-6 Months in Medan Sunggal District

Rotua Marseline Sihite¹, Achmad Rifai², Tri Niswati Utami²

¹Public Health Science Master Program, Helvetia Institute of Health

²Faculty of Public Health, Helvetia Institute of Health

Corresponding Author: Rotua Marseline Sihite

Email: marselsihite@gmail.com



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Abstract

Exclusive breastfeeding for 6 months is very important for both mother and baby. The number of mothers who exclusively breastfeed their babies is still low (<80%). Medan Sunggal Puskesmas, Medan Sunggal Subdistrict, has a low achievement of exclusive breastfeeding in 2018 at 49.3% and decreased in 2019, namely 45.6%. Many factors influence exclusive breastfeeding, namely predisposing factors, enabling factors and reinforcing factors. The purpose of this study was to find the determinants of exclusive breastfeeding in infants aged 0-6 months in Medan Sunggal District. Population of 256 people. Samples using the Slovin formula obtained 156 people. Data collection using a questionnaire. Data were analyzed by univariate, bivariate and multivariate using multiple logistic regression tests at the 95% significance level. The results showed that statistically knowledge (0.016), attitude (0.016), maternal ability (<0.001), breastfeeding facilities (0.001), husband's support (0.004), and parental support (0.010) had a significant effect on exclusive breastfeeding. Trust, ability of health workers, support from friends and the role of cadres have no effect. The dominant factor influencing is the ability of mothers with the value of Exp (B) 30,233, meaning that mothers have good abilities tend to be 30,233 times the mother gives exclusive breastfeeding to babies than the ability is not good. The conclusion is that the determinants of exclusive breastfeeding are knowledge, attitudes, abilities of mothers, breastfeeding facilities, husband's support and parental support. It is recommended that the Medan Sunggal government to increase regular counseling and form a companion group to make exclusive breastfeeding successful through peer groups or groups of mothers who love babies.

Introduction

The nutrition recommended for newborn babies is breast milk (ASI). Breast milk is the most ideal food for babies in early life. In addition to containing high nutritional value, breast milk also contains immune substances that can protect babies from various types of diseases that

can inhibit their growth. Babies are given breast milk starting from birth for 6 months, without adding and / or replacing with other foods or drinks (Nilakesuma et al., 2015).

Based on data from the World Health Organization (WHO) in 2018, it describes the characteristics of the achievements of breastfeeding mothers in the world, including 1) the Chinese ethnic group 95%, black color 94% and Asia 94%; 2) mothers living in Scotland, Wales and Northern Ireland had the lowest breastfeeding rates); 3) mothers aged over 30 years (86%) and under 20 years (58%); 4) mothers quit school at the age of over 18 years (90%) (2). The proportion of exclusive breastfeeding in developing countries in 2018 such as Cambodia 75% and Malawi 90%, and the percentage increase in average every year of 5% (World Health Organization 2018).

Based on data from the Indonesian Demographic Health Survey (IDHS) in 2017, as an institution evaluating the results of the achievement of the national / provincial health level regarding breastfeeding patterns, exclusive breastfeeding coverage was obtained by 42%. This proportion has decreased in 2018 to 37.3%. North Sumatra Province, exclusive breastfeeding is still low, namely 51.3%. This low achievement is motivated by the lack of awareness of mothers about the importance of breastfeeding for infant growth.

One of the government programs in increasing the scope of exclusive breastfeeding is through health promotion or counseling to mothers / families to succeed in giving Early Initiation, followed by exclusive breastfeeding until breastfeeding for 2 years. Decree of the Minister of Health of the Republic of Indonesia Number: 585 / MENKES / SK / V / 2007 concerning Guidelines for Implementation of Health Promotion in Puskesmas, emphasized that the role of health education is very much needed in improving community behavior so that it is free from health problems.

To increase the coverage of exclusive breastfeeding, health workers and health service providers are required to provide information and education on exclusive breastfeeding to mothers and / or family members of the baby from the time of pregnancy check-up until the end of the exclusive breastfeeding period. If not implemented, administrative sanctions can be given in the form of oral or written warnings and revocation of licenses for health facilities (Indonesian Government Regulation No.33 of 2014).

Health education or promotion activities on Exclusive Breastfeeding have become a promotional program for health workers to improve maternal behavior regarding Maternal and Child Health (KIA) in various health facilities. Although the results are not optimal, it may be due to various factors. According to (Green et al., 1980) health behavior is influenced by 3 main factors, namely 1) Predisposing factors consisting of knowledge, beliefs, values, attitudes, beliefs, abilities, 2) Enabling factors in the form of availability of information sources, breastfeeding facilities and the ability of health workers. And 2) Reinforcing factors namely husband support, friend support, family support, role of cadres and role of community leaders (Green et al., 1980).

Medan Sunggal Puskesmas, Medan Sunggal Subdistrict, has a work area of 4 sub-districts consisting of Sunggal Village, Tanjung Rejo Village, Babura Village and Simpang Tanjung Village. It is known that the coverage of exclusive breastfeeding for infants 0-6 months in 2019 is 387 babies (49.3%) of 785 babies, decreased to 450 babies (45.6%) from 987 babies in 2019. This coverage is very far from the target of 80%. The concept of exclusive breastfeeding seems

difficult for breastfeeding mothers to apply. Although health workers in Medan Sunggal Subdistrict have conducted counseling on exclusive breastfeeding for pregnant women, counseling for women of reproductive age (WUS), and coaching cadres in each posyandu, the coverage of exclusive breastfeeding is not yet optimal. Infants aged 0-6 months who received treatment for diarrhea cases because they had been given additional food were 15 people in the work area of Medan Sunggal Subdistrict.

Based on the results of the initial survey in January 2020 in Medan Sunggal Subdistrict, by interviewing 20 mothers who had babies aged 0-6 months, it was found that 8 people (40%) gave breast milk only to babies when they were 0-6 months old and 12 people (60%) had provide foods such as water, sweet tea, coffee, bread, honey and formula milk.

The mother also said that from the experience of caring for babies, she believes that babies who are given food do not experience disease, instead babies experience faster growth and can cause the breasts to become sagging so that they interfere with their appearance. . Another reason, mothers also do not receive proper training and practice on how to provide breast milk and how to care for breasts. Mothers are only given information in the form of booklets, posters and counseling without any practice and reassessment of maternal abilities by cadres and health workers.

The mother stated that her husband does not support exclusive breastfeeding because the baby's business is the mother's business, the husband rarely motivates the mother to give exclusive breastfeeding, he does not pay attention to the healthy diet for the mother to produce nutritious breast milk There are also mothers who get support from parents, friends and cadres, but they feel that it is not deep enough so that the mother's motivation is not strong enough to provide exclusive breastfeeding.

Based on the description above, the researchers are interested in studying the determinants of exclusive breastfeeding for infants aged 0-6 months in Medan Sunggal sub-district.

Methods

An analytic survey research with a cross sectional approach was conducted in Medan Sunggal Subdistrict from July to September 2020. The population of all mothers who had babies aged 0-6 months from January 2020 was 256 people. Samples were taken. Distributing questionnaires to respondents, searching documents / reports and literature study. Data analysis was univariate, bivariate using chi square test and multivariate binary logistic regression.

Result and Discussion

Respondent Characteristics

The characteristics of mothers based on age were 147 people (94.2%) aged less at risk between 20-35 years, more than those at risk above 35 years, namely 9 people (5.8%). Maternal education, there are 124 people (79.5%) high school graduates, 18 people (11.5%) junior high school graduates and 14 people (9%) graduate degrees. There are 95 people (60.9%) who do not work or just as housewives, 24 people (15.4%) work as laborers, 20 people (12.8%) work as entrepreneurs and 17 people (10.9%) work as employees. There were 93 babies (59.6%) aged between 4-6 months, more than 63 people aged 1-3 months (40.4%).

Univariate Analysis

The independent variables studied were predisposing factors, namely knowledge, attitudes, beliefs, abilities of mothers; Enabling factors, namely breastfeeding facilities and the capacity of health workers; and reinforcing factors, namely support from husbands, friends, parents, and the role of cadres.

Table 1. Research Variables

No.	Independent Variable	n	%
Predisposing			
Knowledge			
1.	Good	73	46,8
2.	Less Good	83	53,2
Attitude			
1.	Good	77	49,4
2.	Less Good	79	50,6
Trust			
1.	Supporting	69	44,2
2.	Less Supporting	87	55,8
Capacity			
1.	Good	77	49,4
2.	Less Good	79	50,6
Enabling			
Breastfeeding facilities			
1.	Available	74	47,4
2.	Not Available	82	52,6
The ability of health workers			
1.	Good	67	42,9
2.	Less Good	89	57,1
Reinforcing			
Husband Support			
1.	Supportive	61	39,1
2.	Not Supportive	95	60,9
Friend Support			
1.	Supportive	75	48,1
2.	Not Supportive	81	51,9
Parent Support			
1.	Supportive	70	44,9
2.	Not Supportive	86	55,1
Cadre Role			
1.	Supportive	63	40,4
2.	Not Supportive	93	59,6
Exclusive breastfeeding			
1.	exclusive breastfeeding	64	41,0
2.	Not exclusive breastfeeding	92	59,0

The results of measuring the independent variable of predisposing factors based on the mother's knowledge of exclusive breastfeeding were more good for 83 people (53.2%) than 73 people (46.8%). 79 people (50.6%) had less good attitudes than good 79 people (50.6%). Mother's trust was more likely to support 87 people (55.8%) than 69 people (44.2%). 79 people (50.6%) had more maternal abilities than good 77 people (49.4%). Enabling factors based on breastfeeding facilities were less available, namely 82 people (52.8%) than 74 people (47.4%). The ability of health workers was more poor, namely 89 people (57.1%) than 67 people (42.9%).

Reinforcing factor based on husband's support was more unsupportive, namely 95 people (60.9%) than supporting 61 people (39.1%). Support from friends was more unsupportive, namely 81 people (51.9%) than supporting 75 people (48.1%). Parental support was more unsupportive, namely 86 people (55.1%) than supporting 70 people (44.9%). The role of cadres was more unsupportive, namely 93 people (59.6%) than supporting 63 people (40.4%).

The results of the measurement of the independent variable of exclusive breastfeeding were greater the tendency of mothers not to exclusively breastfeed 92 babies (59%) than exclusively breastfeeding 64 people (41%).

Bivariate Analysis

The results of the chi square statistical test showed that from the predisposing factors, there was a significant relationship between the knowledge, attitudes, beliefs and abilities of mothers with exclusive breastfeeding for babies, each probability value was 0.001; 0.001; 0.001; and 0.024 is less than 0.05. Enabling factors have a significant relationship between breastfeeding facilities and the ability of health workers to provide exclusive breastfeeding for babies, with probability values being 0.001 and 0.001 respectively. Reinforcing factor there is a significant relationship between the support of husbands, friends, parents, and the role of cadres with exclusive breastfeeding for babies, each probability value is 0.001; 0.001; 0.001; and 0.001.

Multivariate Analysis

Multivariate analysis using multiple logistic regression (binary).

Table 2. Multivariate Analysis

Independent Variable	β Value	P Value	Exp(B)
Knowledge	1,630	0,016	5,101
Attitude	1,845	0,016	6,331
Mother's abilities	3,409	<0,001	30,233
Breastfeeding facilities	2,253	0,001	9,517
Husband's support	2,045	0,004	7,726
Parental support	1,925	0,010	6,857
<i>Constant</i>	-5,457	0,000	0,004

The results of the multivariate test using multiple logistic regression (binary) showed that of the three independent variables, the p value was less than 0.05, namely knowledge (0.016), attitude 0.016, maternal ability <0.001, ASI facilities 0.001, husband support 0.004 and parental support. 0.010 means that there is an effect of knowledge, attitude, belief, maternal

ability, breastfeeding facilities, husband's support and parental support for exclusive breastfeeding for babies.

The interpretation of the value of Exp (B) on the knowledge variable is 1.630; it means that mothers have good knowledge, tend to be 1,630 times more likely to give exclusive breastfeeding to babies than poor knowledge. Likewise, the variables of attitudes, beliefs, maternal abilities, breastfeeding facilities, husband support and parental support which were categorized as good and supportive tended to provide exclusive breastfeeding to babies with the value of Exp (B) respectively compared to those categorized as less good and less supportive.

The Effect of Predisposing Factors (Knowledge, Attitudes, Beliefs, Abilities of Mother) on Exclusive Breastfeeding in Babies

The Effect of Knowledge on Exclusive Breastfeeding

Based on the research results, it shows that knowledge has an effect on exclusive breastfeeding for babies. In line with Handayani & Anggorowati (2016), there is a relationship between knowledge and exclusive breastfeeding in the working area of Puskesmas Pengasih II Kulon Progo

According to Sari et al. (2018) there are differences in the level of knowledge of mothers before and after being given counseling about exclusive breastfeeding. Rizqiea (2018) stated relevant research concludes that there are significant differences in knowledge between before being given a booklet and after giving a booklet.

The Effect of Attitudes on Exclusive Breastfeeding

Based on the results of the study, it shows that attitudes have an effect on exclusive breastfeeding for babies. In line with Permatasari et al. (2018) research, the factors related to the intention to provide exclusive breastfeeding are the attitudes and work of the mother. Perceptions of high behavioral control are three times more likely to have 'high intention' to provide exclusive breastfeeding than mothers with low control perceptions.

Attitude is a reaction or response that arises from an individual to an object which then raises the individual's behavior towards that object in certain ways. The next process is expected that the mother will implement or practice what she knows or responds to (considered good), so that after someone knows what exclusive breastfeeding is, the composition, and the benefits that can be generated, especially in infants, are expected to be better at giving exclusive breastfeeding which can avoid infectious diseases such as diarrhea (Yanuarini et al., 2017).

The Effect of Trust on Exclusive Breastfeeding

The results showed that trust had no effect on exclusive breastfeeding for babies. In contrast to the research, Setyaningsih (2018) states that the relationship between trust and family traditions in breastfeeding mothers with exclusive breastfeeding in Sidotopo Village, Semampir, East Java.

The results of this study are in accordance with several opinions of experts that a strong self-confidence and a sense of confidence in the adequacy of breastfeeding can provide a positive attitude in exclusive breastfeeding. On the other hand, mothers who lack self-confidence tend to have difficulty facing challenges and difficulties in breastfeeding their babies (Fahriani et

al., 2016). Mothers believe babies given exclusive breastfeeding are healthier and have a higher level of intelligence than babies fed formula milk. Mothers believe that other food additives can cause allergies due to hygiene factors (Manullang, 2020).

Effect of Mother's Ability on Exclusive Breastfeeding

The results showed that the mother's ability had an effect on exclusive breastfeeding for babies. In this study, the mother's ability as a dominant factor in exclusive breastfeeding in Medan Sunggal Subdistrict, Medan City. In line with Idris & Enggar (2019) research that there are differences in attitudes of mothers towards exclusive breastfeeding after being given counseling using audio visuals at the Singgani Community Health Center, Palu City.

The efforts of mothers to continue to provide exclusive breastfeeding are by increasing their understanding of the steps, techniques and correct breastfeeding positions so that the baby can get enough breast milk. Another effort is to make milk production smooth and plentiful by consuming a variety of foods while breastfeeding so that the milk content has the nutrients the baby needs (Idris & Enggar, 2019; Desmawati, 2013).

Effect of Enabling Factors (Breastfeeding Facilities and the Ability of Health Workers) on Exclusive Breastfeeding

The Effect of Breastfeeding Facilities on Exclusive Breastfeeding

The results showed that breastfeeding facilities had an effect on exclusive breastfeeding for babies. In contrast to Rinata et al. (2016) states that the existence of a breastfeeding corner is not related to exclusive breastfeeding for working mothers at Sidoarjo Hospital.

The dominant enabling factor influencing exclusive breastfeeding is the availability of health facilities in the form of a breastfeeding corner which is part of a government program to make it easier for mothers to express milk that is full. If not done it can cause symptoms of pain and even fever. Each office can provide a breastfeeding corner, but some working mothers prefer to express breastmilk at home (Pratiwi, 2016).

The availability of a breastfeeding room is the availability of a room when the mother is breastfeeding or expressing breastmilk in the workplace which has special conditions and makes nursing mothers feel comfortable using the room. Basically, the breastfeeding space provided in the workplace is to make it easier for mothers to give breast milk or express breast milk. However, there are several factors that may cause the breast milk chamber to not function optimally. In this study, breastfeeding corners in public facilities recommended by the government are not yet functioning or not available so that it can prevent traveling mothers from giving exclusive breastfeeding.

Effect of the Ability of Health Workers on Exclusive Breastfeeding

The results showed that the ability of health workers had no effect on exclusive breastfeeding for babies ($0.742 > p 0.05$). In contrast to Permatasari et al. (2018) research, the factor related to intention is the support of health workers.

Each health facility is supported by adequate facilities to create patient satisfaction with health services. Health workers carry out tasks in the form of providing promotional visits, education, socialization (counseling), and campaigns by encouraging and inviting and convincing mothers to implement exclusive breastfeeding for their babies. Health workers can ensure that mothers

participate in the exclusive breastfeeding program at Posyandu every month (Budi Syahputri et al., 2018).

The Influence of Reinforcing Factors (Support from Husbands, Friends, Parents, Role of Cadres and Role of Community Leaders) on Exclusive Breastfeeding

Effect of Husband's Support on Exclusive Breastfeeding

Based on the results of the study, it shows that husband's support has an effect on exclusive breastfeeding for babies. In line with Abidjulu et al. (2015), it is said that husband's support has an effect on exclusive breastfeeding for breastfeeding mothers at Tuminting Puskesmas, Tuminting District.

The family, especially the husband, is an important part of the success or failure of breastfeeding, because the husband determines the fluency of the knowledge of the mother in breastfeeding in increasing self-confidence and motivation so that she wants to breastfeed the baby. In addition, increasing knowledge about correct breastfeeding through counseling in health care (Nuzulia, 2013).

The Effect of Peer Support on Exclusive Breastfeeding

Based on the results of the study showed that peer support had no effect on exclusive breastfeeding for babies). In contrast to the research Shakya et al. (2017) said in low and middle income countries, peer support increases breastfeeding initiation within the first hour of life and reduces the risk of prelacteal feeding (RR: 0.38).

The support of good friends while at work will give mothers the opportunity to continue participating in the ASI program. Peer support that can be done, such as providing information about breastfeeding techniques, motivation or giving praise and encouragement, continues to support the mother so that she is healthier and not worried about physical changes, and sharing experiences of caring for a good baby (Fikawati & Syafiq, 2010).

The Effect of Parental Support on Exclusive Breastfeeding

The results showed that parental support had an effect on exclusive breastfeeding for infants ($0.010 < p < 0.05$). In line with Manullang's research (2017) states that social aspects that can influence the success of exclusive breastfeeding for babies include family attachments, community views, economics, information and education as well as health workers / cadres. Cultural aspects that can influence mothers to be able to provide exclusive breastfeeding for babies are religion / philosophy of life and cultural values (Manullang, 2020).

The smaller the parental support for the mother in providing information, helping breastfeeding and providing nutritious food, the less positive the mother's attitude in exclusive breastfeeding. If a mother gets positive support, it will strengthen her belief that the act of giving exclusive breastfeeding to the baby is right.

The Influence of Cadre's Role on Exclusive Breastfeeding

The results showed that the role of cadres had no effect on exclusive breastfeeding for babies ($0.520 > p > 0.05$). In contrast to Permatasari et al. (2018) research, the factor related to intention is the support of health workers.

Jama et al. (2020) concluded that the prevalence of exclusive breastfeeding is very low, 20.47% in Burao City, Somalia. The causative factor is the low formal education of mothers. The need for education to women and encouragement of antenatal nurses and exclusive breastfeeding counseling during antenatal care to increase exclusive breastfeeding.

Conclusion

There is a significant influence between knowledge, attitudes, beliefs and abilities of mothers on exclusive breastfeeding for babies. Ability as a dominant factor. There is a significant effect of breastfeeding facilities on exclusive breastfeeding for babies. There is no significant effect between the ability of health workers to exclusive breastfeeding for babies. There is a significant effect of husband's support and parental support on exclusive breastfeeding for babies. There was no significant effect between peer support and the role of cadres on exclusive breastfeeding for babies.

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